

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30407

STATE FILE NUMBER

FILED SEP 4 1957

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1931

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY, <u>ST. LOUIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <u>BRENTWOOD</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>BRENTWOOD</u> <sup>4511</sup> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Length of stay in lb HOSPITAL OR INSTITUTION <u>8534 EULALIE</u> <u>16 YRS</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm <u>8534 EULALIE</u> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <u>THEODORE</u> <sup>First</sup> <u>ROBERT</u> <sup>Middle</sup> <u>SCHLOSSER</u> <sup>Last</sup>			4. DATE OF DEATH <u>Aug-2-57</u> Month Day Year
5. SEX <u>M</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6-13-1902</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INSURANCE - MAN</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>METROPOLITAN - CO</u>	9. AGE (In years last birthday) <u>55</u> IF UNDER 1 YEAR: Months Days Hours Min. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>INSURANCE - MAN</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>METROPOLITAN - CO</u>	11. BIRTHPLACE (City and state or country) <u>MO.</u>
13. FATHER'S NAME <u>PETER - SCHLOSSER</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
14. MOTHER'S MAIDEN NAME <u>HELENA - HERTER</u>		17. INFORMANT Address <u>PEARL - SCHLOSSER - 8534 - EULALIE</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>494-07-6268</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). <u>Carcinoma of Lung with metastases to Brain</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n)			INTERVAL BETWEEN ONSET AND DEATH <u>7 mos.</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>Jan 10, 57</u> , to <u>Aug 2, 57</u> and last saw her alive on <u>July 27, 57</u> Death occurred at <u>6:00 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Michael Dulick M.D.</u>		22b. ADDRESS <u>9012 Manchester Rd</u>	
		22c. DATE SIGNED <u>8-3-57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		23b. DATE <u>8-5-57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO</u>	
24. FUNERAL DIRECTOR <u>JAY - B - SMITH - Maplewood 17 MO</u>		25. DATE RECD. BY LOCAL REG. <u>8/4/57</u>	
26. REGISTRAR'S SIGNATURE <u>Herbert B. Dunkel</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
Licensed Embalmer No. 40  
P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.**  
to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.