

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3570

FILED JAN 30 1958

State File No.

318

1003

721

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY _____		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. CITY OR TOWN <u>ST. LOUIS</u>	
c. LENGTH OF STAY (in this place) <u>70 YRS.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>2615 A NO. 13TH ST.</u>		No. STREET ADDRESS (If rural, give location) <u>2615 A NO. 13TH ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ADELINE-</u> b. (Middle) <u>C.</u> c. (Last) <u>SCHUKAI.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 20TH 1958</u>		
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5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED.</u>		8. DATE OF BIRTH <u>SEPT. 4TH 1879</u>		9. AGE (In years last birthday) <u>78 YRS.</u>		10. IF UNDER 1 YEAR: Months _____ Days _____		11. IF UNDER 4 HRS. Hours _____ Min. _____	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE-WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>FREDERICKTOWN - MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>AUGUST-HOSSENLOPP</u>		13b. MOTHER'S MAIDEN NAME <u>MARY - KAUP</u>		14. NAME OF HUSBAND OR WIFE <u>CHARLES J. SCHUKAI (DECD.)</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u> <u>NONE</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>IRENE-SHARKEY = 2615 A No. 13TH ST.</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic heart disease</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Arteriosclerosis, general</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>420.0</u>				INTERVAL BETWEEN ONSET AND DEATH _____ _____ _____	
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19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from _____, 1953, to 1/20, 1958, that I last saw the deceased alive on 1/13, 1958, and that death occurred at 12:40 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Harold C. Sille MD</u> (Degree or title) <u>D</u>		23b. ADDRESS <u>6917 W Flouissant</u>		23c. DATE SIGNED <u>1/20/58</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 23RD 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY-CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS MO.</u>	
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DATE REC'D BY LOCAL REG. <u>JAN 21 '58</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Brockland Und. Co. 1827-HOGAN-ST.</u>	
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

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 *John J. Harris*
Licensed Embalmer No. *440*
P. O. Address *St. Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure 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.