

FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-012288
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2502

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-57 1

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|--|----------------------------------|---|---|---|---|
| 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, give TOWNSHIP only) <u>01 TOWN ST LOUIS</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>ST. LOUIS</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1928 WINNEBAGO</u> | | Length of stay in 1b <u>5</u> | d. STREET ADDRESS* (If outside, give location) <u>2490 1928 WINNEBAGO</u> | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>KATHARINA</u> Middle <u>SCHUETTLE</u> Last <u>R</u> | | | 4. DATE OF DEATH Month <u>FEB</u> Day <u>28</u> Year <u>1958</u> | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>NOV 10 1884</u> | 9. AGE (In years less birthday) <u>73</u> | FUNDED YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LAUNDRESS</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>AUSTRIA HUNGARY</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U-S-A</u> | |
| 13a. FATHER'S NAME <u>FIDEL MARBEK</u> | | 13b. MOTHER'S MAIDEN NAME <u>KATHERINE KALCH</u> | | 14. NAME OF HUSBAND OR WIFE <u>KARAL SCHUETTLE (Dec'd)</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address <u>HELEN HUMMEL 5601 FINKMANN</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>metastatic carcinoma of liver and abdominal viscera</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Primary carcinoma of Gall Bladder</u> DUE TO (c) <u>6 mos.</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease addition given in PART I (a) | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>3 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.) <u>155-1</u> | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | 20d. INJURY OCCURRED WHILE AT <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 Death occurred at <u>July 1, 1957, 7:40 P.M.</u> | | last saw her/him alive on <u>Feb. 28-58</u> | | <u>Feb. 28-58</u> | |
| 22a. SIGNATURE (Name or title) <u>George A. O'Sullivan, M.D.</u> | | 22b. ADDRESS <u>7629 Ivory Ave.</u> | | 22c. DATE SIGNED <u>3-2-58</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE | 23c. NAME OF CEMETERY OR CREMATORY | | 23d. LOCATION (City, town, or county) (State) |
| <u>BURIAL</u> | | <u>MARCH 3 1958</u> | <u>ST. PETER + PAUL CEM</u> | | <u>ST. LOUIS MO</u> |
| 24. FUNERAL DIRECTOR <u>Thomas Kutis</u> | | ADDRESS <u>2906 Gravois</u> | 25. DATE RECD. BY LOCAL REG. <u>MAR 3 '58</u> | | 26. REGISTRAR'S SIGNATURE <u>Carl Smith MD</u> <u>mgb.</u> |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

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

James C. Hill

Licensed Embalmer No. 43478

P. O. Address 2906 [unclear]

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.