

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-016957

STATE FILE NUMBER

FILED APR 23 1958

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 956

Health, Welfare and Public Service  
300-56  
40004  
diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS MANCHESTER</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" 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>Manchester Nursing Home</u>				Length of stay in 1b <u>12 1/3</u>		STREET ADDRESS (If outside, give location) <u>5362 Reber Place</u>	
3. NAME OF DECEASED (Type or print) First <u>Gustave</u> Middle <u>J.C.</u> Last <u>Schlude</u>				4. DATE OF DEATH Month <u>April</u> Day <u>5</u> Year <u>1958</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>May 14, 1875</u>	
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Bricklayer-Self Employed-Ret. 5yrs</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Employed-Ret. 5yrs</u>		11. BIRTHPLACE (City and state or country) <u>St. Louis, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>							
13. FATHER'S NAME <u>Christian Schlude</u>				14. MOTHER'S MAIDEN NAME <u>Elizabeth</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>None</u>		17. INFORMANT Address <u>Anna Radeacker 5362a Reber Place</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>Acute Myocardial Dilation</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Acute Mitral Insufficiency</u> DUE TO (c) <u>Chronic Mitral Insufficiency</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a). <u>410X</u>							
INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</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 <u>5:45</u> Month <u>3</u> Day <u>29</u> Year <u>58</u> a. m. <u>A.</u> 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>3-29-58</u> , to <u>April 3, 58</u> and last saw her alive on <u>4-3-58</u> Death occurred at <u>5:45</u> <u>A.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Ralph W. Laffey, M.D.</u>				22b. ADDRESS <u>Manchester, Pa - 141</u>		22c. DATE SIGNED <u>4-5-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4/7/58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>New St. Marcus Cem</u>		23d. LOCATION (City, town, or county) (State) <u>St. Louis County Mo</u>	
24. FUNERAL DIRECTOR <u>Kriegshauser 4228 S. Kingshighway</u>				25. DATE RECD. BY LOCAL REG. <u>4-5-58</u>		26. REGISTRAR'S SIGNATURE <u>Herbert P. Donke M.D.</u>	

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 *Richard W. Stoverson*

Licensed Embalmer No. 460

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.