

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024026
STATE FILE NUMBER

FILED JUL 14 1958 Registration District No. 317 Primary Registration District No. 544 Registrar's No. 1625

S. 300
v. 1-57

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|---|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirkwood | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN St. Louis |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Josephs Hospital | | Length of stay in 1b 5 1/2 hrs. | d. STREET ADDRESS (If outside, give location) 2642 Locust St. |
| 3. NAME OF DECEASED (Type or print) First Noel Middle W. Last Schulte | | 4. DATE OF DEATH Month June Day 15 Year 1958 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH March 13, 1914 |
| 9. AGE (In years last birthday) 44 | | 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) Salesman | | 10b. KIND OF BUSINESS OR INDUSTRY Mothproofing Co. | 11. BIRTHPLACE (City and state and country) St. Louis Co., Mo. |
| 12. CITIZEN OF WHAT COUNTRY? U.S. | | 13a. FATHER'S NAME William Schulte | |
| 13b. MOTHER'S MAIDEN NAME Bertha Hempelmann | | 14. NAME OF HUSBAND OR WIFE Blanche Schulte | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. Unknown | 17. INFORMANT Address Blanche Schulte, 7453 Dale Ave. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertensive Vascular Disease DUE TO (c) 331X | | | INTERVAL BETWEEN ONSET AND DEATH 5 hours |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 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 <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK | |
| 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>June 14</u> to <u>June 15/58</u> and last saw him alive on <u>June 14</u> Death occurred at <u>2:55 am</u> on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) Frank J. Catanzaro MD | | 22b. ADDRESS 3331 Kirkwood 22 mo | 22c. DATE SIGNED (State) 6/16/58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 6-17-58 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery |
| 23d. LOCATION (City, town, or county) St. Louis, Co., Mo. | | 24. REGISTRAR'S SIGNATURE Herbert Radomke MD | |
| 24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe, 4700 Washin ton Blvd. | | 25. DATE RECD. BY LOCAL REG. 6/17/58 | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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 *Melvin L. Kemper*

Licensed Embalmer No. *4052*

P. O. Address *4911 W. ...*

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.