

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-046286

STATE FILE NUMBER

96964-58
FILED JAN 12 1959

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

12410

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN 4250 MARYLAND HEIGHTS
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DEPAUL HOSPITAL		Length of stay in lb 2 DAYS	d. STREET ADDRESS (If outside, give location) # 11 DORSETT RD. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last DORIS LYNN SCHULER			4. DATE OF DEATH Month Day Year 12 22 58
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-20-58
9. AGE (In years last birthday)		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NIL		10b. KIND OF BUSINESS OR INDUSTRY NIL	11. BIRTHPLACE (City and state or country) ST. LOUIS MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME WILLIAM THOMAS SCHULER	
13b. MOTHER'S MAIDEN NAME PATRICIA ANN WALZ		14. NAME OF HUSBAND OR WIFE	
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. NONE	17. INFORMANT WILLIAM T. SCHULER # 11 DORSETT RD.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bilateral Pulmonary Pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Intra uterine septicemia DUE TO (c) 7680. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH 78 hrs
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 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 12/20/58 to 12/22/58 and last saw her/him alive on 12/21/58 Death occurred at 3:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Roy v. Boedeker M.D.		22b. ADDRESS 100 N. Euclid	22c. DATE SIGNED 12/23/58
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 12-24-1958	23c. NAME OF CEMETERY OR CREMATORY FEE FEE CEMETERY
23d. LOCATION (City, town, or county) BRIDGETON MISSOURI		23e. (State)	
24. FUNERAL DIRECTOR 2500 Woodson Rd. BAUMANN BROS. INC. - OVERLAND, MO.		25. DATE RECD. BY LOCAL REG. DEC 23 '58	26. REGISTRAR'S SIGNATURE Paul Smith MD mfb.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Do not check any space on any statement of cause of death unless you are certain that the cause of death is directly related to the symptoms with which the patient died.

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 *David B. Gibson*

Licensed Embalmer No. *3154*

P. O. Address *Quincy, Ill.*

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.