

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-015678

STATE FILE NUMBER

FILED MAY 15 1959

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. **4120**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ST. LOUIS</b>		a. STATE <b>MISSOURI</b> b. COUNTY <b>ST. LOUIS</b>	
c. FULL NAME OF (If not in hospital or institution) <b>18107 HOSPITAL</b> HOSPITAL OR INSTITUTION <b>8100 BLOCK OF HALLS ST.</b>		c. CITY OR TOWN <b>GLASGOW VILLAGE</b>	
Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>10330 ROSS CIRCLE</b>	
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>HELVETIA-FATH SCHLUETER</b>			4. DATE OF DEATH <b>APRIL 25 1959</b>		
5. SEX <b>FEMALE</b>			6. COLOR OR RACE <b>WHITE</b>		
7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>			8. DATE OF BIRTH <b>AUG 30 1927 31</b>		
9. WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			9. AGE (In years last birthday) <b>31</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>COMPTOMETER OPERATOR</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>MALLINCKRODT CHEM.</b>		
11. BIRTHPLACE (City and state or country) <b>MISSOURI</b>			12. CITIZEN OF WHAT COUNTRY? <b>U-S-A</b>		
13. FATHER'S NAME <b>JOHN HUG</b>			14. MOTHER'S MAIDEN NAME <b>ELIZABETH SCHIBLER</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <b>JOHN HUG 3402 1/2 CHIPPEWA</b>			Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Massive interabdominal &amp; intrathoracic hemorrhage due to rupture of the spleen &amp; the liver, suffered in collision between car operated by one James Schlueter in which deceased was a passenger, and car</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). <b>operated by one Charles Gelvin on Highway in front of</b>		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>

20a. ACCIDENT <input checked="" 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.) <b>about 8300 Hall Street, about 2:15 a.m.</b>
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____	<b>April 25, 1959. Accident. 400</b>

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <b>35 STREET</b>	20f. CITY, TOWN, OR LOCATION <b>St. Louis</b>	COUNTY <b>Co</b>	STATE <b>Mo</b>
21. I attended the deceased from <b>740</b> , to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <b>Patrick P. Taylor</b>		22b. ADDRESS <b>1300 Clark</b>	22c. DATE SIGNED <b>4-27-59</b>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL APR. 29 1959</b>	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY <b>NATIONAL CEM.</b>	23d. LOCATION (City, town, or county) (State) <b>JEFFERSON BARRACKS MO</b>
24. FUNERAL DIRECTOR <b>Thomas Kutis 2906 Gravois</b>	ADDRESS	25. DATE RECD. BY LOCAL REG. <b>APR 27 '59</b>	26. REGISTRAR'S SIGNATURE <b>Earl Smith, M.D.</b>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

10  
56  
3  
4010  
0

m/d/s

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *James E. White*.....

Licensed Embalmer No. 4.....

P. O. Address 2906.....

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.