URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS MAR 7 1960

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 2 2070 STATE FILE NUMBER 60-008845

ENDED

1. PLACE OF DEATH
a. COUNTY

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis — Length of stay in 1b 17 Days

c. CITY OR TOWN St. Louis — Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Baptist Hospital — Inside Limits Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) 1437 Hamilton Avenue — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Roy Middle L Last Schulenburg

4. DATE OF DEATH Month 2 Day 21 Year 1960

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒

8. DATE OF BIRTH 6/17/95

9. AGE (last birthday) 64 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Manager (ret.)

10b. KIND OF BUSINESS OR INDUSTRY Western Union

11. BIRTHPLACE (City and state or country) St. Louis, Mo.

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Edward Schulenburg

13b. MOTHER'S MAIDEN NAME Catherine Head

14. NAME OF HUSBAND OR WIFE Irene C. Schulenburg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 494-07-8822

17. INFORMANT Mrs. Rose Neal, Address 1437 Hamilton

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Coronary Thrombosis c̄ Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 17 day.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Anteriosclerotic Heart Disease.

DUE TO (c) 420.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE 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 2/4/60, to 2/21/60 and last saw her/him alive on 2/21/60

Death occurred at 8:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Wm K Weber M D

22b. ADDRESS 1806 Hodiamont

22c. DATE SIGNED 2/22/60

23a. BURIAL, CREMATION, REMOVAL (Specify) removal

23b. DATE 2/25/60

23c. NAME OF CEMETERY OR CREMATORY St. Johns Cemetery

23d. LOCATION (City, town, or county) St. Louis County (State) Mo.

24. FUNERAL DIRECTOR ADDRESS Drehmann-Harral, 1905 Union Blvd.

25. DATE RECD. BY LOCAL REG. FEB 23 1960

26. REGISTRAR'S SIGNATURE Carl Smith, M.D. M.J.B.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

1506 Hodiamont Avenue
Ev 5-9190
Hrs. 2-4 Mon.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Warren A. Carr

Licensed Embalmer No. 353

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co
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.