URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 8 1960

-60-028781

STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7356

ENDED

1. PLACE OF DEATH
a. COUNTY

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 St. LLouis — Length of stay in 1b 68 Yr.

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

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

d. STREET ADDRESS (If outside, give location) 2104 A. Cherokee St — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First HELEN Middle Last SCHULLER

4. DATE OF DEATH Month 7-22-1960 Day Year

5. SEX Female

6. COLOR OR RACE White

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH 11-10-1891

9. AGE (last birthday) 68 Years — 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) At Home

10b. KIND OF BUSINESS OR INDUSTRY

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

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

13a. FATHER'S NAME Edmond Barth

13b. MOTHER'S MAIDEN NAME Louise Hirsch

14. NAME OF HUSBAND OR WIFE Christ Schuller-Deceased

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. None

17. INFORMANT Address Frances Creel 6266 Goener Ave

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

PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a) Chronic Myocarditis with

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

DUE TO (b) Carcinoma of the Liver

DUE TO (c) 4222H

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 404 L 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 (Degree or title) Deputy Joseph M. Zeeman Coroner

22b. ADDRESS 1300 Clark

22c. DATE SIGNED 7-25-60

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

23b. DATE 7-25-1960

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

23d. LOCATION (City, town, or county) (State) 4360 Bates St Mo

24. FUNERAL DIRECTOR ADDRESS Ziegenhein Bros. 6409 Gravois Ave

25. DATE RECD. BY LOCAL REG. JUL 25 1960

26. REGISTRAR'S SIGNATURE Earl Smith. M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

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_____ Signed Herbert J. Gan Jr.

Signature of Student Embalmer

Licensed Embalmer No. 4800

P. O. Address Kirkwood

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.