URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS AUG 23 1960

60-031732
STATE FILE NUMBER

ENDED

Registration District No. 310 Primary Registration District No. 2058 Registrar's No. 161

1. PLACE OF DEATH
a. COUNTY St. Charles
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles
Length of stay in 1b DOA
c. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY OR TOWN Bridgeton
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 4546 Long Rd.
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First DONALD Middle RICHARD Last SCHUETTE
4. DATE OF DEATH Month August Day 15 Year 1960
5. SEX Male
6. COLOR OR RACE White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 4-19-47
9. AGE (last birthday) 13
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) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (City and state or country) St. Charles, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Henry B. Schuette
13b. MOTHER'S MAIDEN NAME Dorothy Schaefermeier
14. NAME OF HUSBAND OR WIFE None
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 Henry B. Schuette, Address 4546 Long Rd. Bridgeton, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Asphyxia — INTERVAL BETWEEN ONSET AND DEATH —
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Aspiration of food —
DUE TO (c) Vomiting —
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 Feb 1960 to August 1960 and last saw ~~her~~ him alive on Feb 1960
Death occurred at 4:05 p m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Wm H Bogsemier (Degree or title) MD
22b. ADDRESS St Charles Mo
22c. DATE SIGNED August 17 1960

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 8-19-60
23c. NAME OF CEMETERY OR CREMATORY St. Mary's Cemetery
23d. LOCATION (City, town, or county) (State) Bridgeton, Mo.
24. FUNERAL DIRECTOR Collier Funerral Home, St. Ann, Mo. ADDRESS
25. DATE RECD. BY LOCAL REG. Aug 17-60
26. REGISTRAR'S SIGNATURE Marcella Wilson

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

AUG 25 1960

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 Sheldon Collier

Licensed Embalmer No. 338

P. O. Address St. Ar

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.