

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017241

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **3808**

STATE FILE NUMBER

FILED APR 25 1962

VS 300 Rev. 4/59	DATE AMENDED 7-1	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF	1					
2							216	65	65	65	65	65
3												
4							0					
5							1					
6												
7							2					
8							1					
9												
10												
11												
12							65-0					
13												

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		c. CITY OR TOWN ST. LOUIS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LUTHERAN HOSPITAL		d. STREET ADDRESS (If outside, give location) 3432 TENNESSEE AVE	
3. NAME OF DECEASED (Type or print) First Middle Last MELCHIOR SCHULER		4. DATE OF DEATH Month Day Year APRIL 9 1962	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH JUNE 24 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FREIGHT HANDLER		10b. KIND OF BUSINESS OR INDUSTRY BUSCH BREW	
11. BIRTHPLACE (City and state or country) SWITZERLAND		12. CITIZEN OF WHAT COUNTRY U-S-A	
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	
14. NAME OF HUSBAND OR WIFE ANNA SCHULER		17. INFORMANT Address ANNA SCHULER 3432 TENNESSEE AVE	
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.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ruptured aortic aneurysm at Penton's DUE TO (b) acute rheumatic fever DUE TO (c) 545X.H PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Careless use of pliers from Synovial fluid PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>
20c. 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 <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 1950 to 2 P.M. and last saw her/him alive on April 9, 1962 . Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B.A. Maynor MD		22b. ADDRESS 2606 Oakwood	
22c. DATE SIGNED 4-10-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) APR 12 1962		23b. DATE	
23c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS		23d. LOCATION (City, town, or county) ST. LOUIS MO	
24. FUNERAL DIRECTOR Thomas Hutis 2906 Gravois		25. DATE RECD. BY LOCAL REG. APR 11 1962	
26. REGISTRAR'S SIGNATURE Loard Smith M.D.			

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 Charles H. Thompson Jr.
Licensed Embalmer No. 4861
P. O. Address Blaine 5, Mo.

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.

*Dr. Grande Grandview
1-4 June*

PR 2-7380