

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-045445

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3185

FILED NOV 16 1962

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>                         |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Moline</b>  |   | c. CITY OR TOWN <b>Vinita Park</b>   |   |
| Length of stay in 1b<br><b>DAYS</b>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Halls Ferry Memorial Home</b>   |   | d. STREET ADDRESS (If outside, give location)<br><b>8326 Monroe Street</b>   |   |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |   | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   |
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>BERT SCHULER</b>   |   |  | 4. DATE OF DEATH<br>Month Day Year<br><b>November 2, 1962</b>                   |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH<br><b>12-21-1883</b>   |
| 9. AGE (last birthday)<br><b>78</b>   |   | IF UNDER 1 YEAR<br>Months Days Hours Min.  | IF UNDER 24 HR  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Retired - Owner</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Schuler Radiator Co.</b>   |   |
| 11. BIRTHPLACE (City and state or country)<br><b>Mendota, Illinois</b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |   |
| 13a. FATHER'S NAME<br><b>Wilhelm Schuler</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Anna Lutz</b>  |   |
| 14. NAME OF HUSBAND OR WIFE<br><b>Rosa E. Schuler (Deceased)</b>  |   | 17. INFORMANT<br><b>Mrs. Rovilla Bader</b><br>Address<br><b>8326 Monroe St., St. Louis Co., Mo.</b>  |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No None</b>   |   | 16. SOCIAL SECURITY NO.  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Chronic Pyelonephritis</b><br>DUE TO (b) <b>Rectal-Vesical fistula</b><br>DUE TO (c) <b>Carcinoma Rectum</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |   |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Arteriosclerosis &amp; Residual Cerebral infarctions</b>  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   | 20a. ACCIDENT <input 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.)   |   |
| 20c. TIME OF INJURY<br>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 <b>Oct 2, 1962</b> to <b>Nov 2, 1962</b> and last saw him alive on <b>10/31/62</b><br>Death occurred at <b>5:17 AM</b> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |  |   |
| 22a. SIGNATURE (Degree or title)<br><b>Lewis Littmann MD</b>  |   | 22b. ADDRESS<br><b>8231 Clayton Rd (17)</b>  | 22c. DATE SIGNED<br><b>11/2/62</b>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>Nov. 5, 1962</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Hiram Park Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis Co., Missouri</b> |
| 24. FUNERAL DIRECTOR ADDRESS<br><b>Calvin F. Feutz Funeral Home</b><br><b>4828 Natural Bridge Blvd.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>11-2-62</b>   | 26. REGISTRAR'S SIGNATURE<br><b>John B. Murphy MD</b>                           |

Dr. Lewis Littmann  
8231 Clayton Road  
PA 7-0202

HOURS: Friday 2:30 till 5 PM  
Saturday: 9 to 10:30 AM

RECEIVED

**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 Robert E. Muhlman

Licensed Embalmer No. 4916

P. O. Address St. Louis, 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.