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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 16 1948

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3067
Registrar's No. 107

Registration District No. 318 Primary Registration District No. 1000

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: DeWitt General Hospital
(d) Length of stay: In hospital or institution 5 days
In this community years, months or days

3. (a) PRINT FULL NAME Clarence Schuster
3. (b) If veteran, name war. No. 3. (c) Social Security No.

4. Sex M Color or race W
6. (a) Single, widowed, married, divorced W
6. (b) Name of husband or wife Mary
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 5 18 1875 (Month) (Day) (Year)

8. AGE: Years 71 Months 7 Days 15 If less than one day hr. min.

9. Birthplace Putman Co. Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business

MOTHER FATHER
12. Name John Schuster
13. Birthplace Putman Co. Mo.
14. Maiden name Mary Wicks
15. Birthplace Putman Co. Mo.

16. (a) Informant Clarence Schuster
(b) Address 2423 Brentwood

17. (a) Burial (b) Date thereof Jan 5
(c) Place: burial or cremation Oak Grove

18. (a) Signature of funeral director J. F. Bredek

(b) Address
19. (a) JAN 5 1948 (Date received local registrar) J. F. Bredek (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Ark. (b) County
(c) City or town Beahm
(d) Street No. CR (If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

20. DATE OF DEATH: Month 1 day 3 year 1948 hour 2 minute 45 p.m.
21. I hereby certify that I attended the deceased from 29 Dec 1947 that I last saw him alive on 3 January 1948 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage (multiple)
Due to: Atherosclerosis and Hypertensive Cardiac-vascular disease
Other conditions: (Include pregnancy within 3 months of death)

Major findings: Of operations: Of autopsy: Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur?
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature: Joseph H. Wilson (M. D. or other) 140
Address: 3649 York Ave Date signed: 5 Jan 48

MAR 16 1948

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.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *J. R. Burgess*

Licensed Embalmer No. 4029

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.