

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
#87791
FILED MAY 26 1948
318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 18001
Registrar's No. 4495

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County St. Louis, Missouri
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. (Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME CHARLES SCHULER

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Genevieve Schuler 6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased October 25, 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
58 6 17 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired

11. Industry or business _____

12. Name Edward Schuler

13. Birthplace Don't Know
(City, town, or county) (State or foreign country)

14. Maiden name Mary Ostendorf
(City, town, or county) (State or foreign country)

15. Birthplace Don't Know
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Genevieve Schuler

(b) Address 2642 Acorn

17. (a) Burial (b) Date thereof 5-15-1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Weick Bro. Und. Co.

(b) Address 2201 S. Grand Bl.

19. (a) MAY 14 1948 (b) J. A. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2642 Acorn
Memorial (If rural, give location)
(e) Citizen of foreign country? 23 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 12th
year 1948 hour 12:30 minute P M.

21. I hereby certify that I attended the deceased from 4/20/48
to May 12th, 1948;
that I last saw him alive on May 12th, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death
Sarcomatosis gen'l
Due to metastasis from
"Neurogenic sarcoma" from
Due to left leg
Other conditions (Include pregnancy within 3 months of death) 55

Duration

PHYSICIAN

Major findings:
Of operations _____

Of autopsy Gen'l metastasis
of neoplasm

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? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? Yes (Specify type of place) Park (c) Means of injury _____

23. Signature J. A. Bredbeck (M. D. or other) _____
Address 1515 Lafayette Signed 5/12/48

JUN 10 1970

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.....

Delis J. Krupin

..... Licensed Embalmer No.

3497

..... P. O. Address.....

2201 S. Grand

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.