

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED OCT 21 1950

State File No. 35603

BIRTH NO. 71228-157 REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3069 Registrar's No. 2322

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond Heights		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2099	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 5108 Emily Str 7 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hosp.		9	

3. NAME OF DECEASED (Type or Print)	a. (First) Infant	b. (Middle)	c. (Last) Schulte	4. DATE OF DEATH (Month) (Day) (Year) Sept. 26. 1950
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) ( )	8. DATE OF BIRTH Sept. 26. 1950	9. AGE (In years last birthday) 24	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
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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 (State or foreign country) Richmond Heights, Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Alfred Schulte	13b. MOTHER'S MAIDEN NAME Rose Bathe	14. NAME OF HUSBAND OR WIFE XXXX
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Alfred Schulte	ADDRESS 5108 Emily
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perinatal labor		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) cause undetermined		
	DUE TO (c)		
19. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 9-26, 1950, to 9-26, 1950, that I last saw the deceased alive on 9-26, 1950 and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Erwin J. Schulte	23b. ADDRESS 776 X	23c. DATE SIGNED 9-27-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 28. 50	24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis, Mo.
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DATE REC'D BY LOCAL REG. 9-28-50	REGISTRAR'S SIGNATURE H. R. Donker	25. FUNERAL DIRECTOR'S SIGNATURE W. A. Stock	ADDRESS 2117 E. Grand Ave.
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WRITE MAINLY USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

*Mr. Edwin J. Huber*  
*1110 Pleasant St.*  
*1944 - 1-1*

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

*Not Embalmed.*  
Signed.....  
Student Embalmer

Signed *Frank A. Moore*  
.....

Licensed Embalmer No. *3041*

P. O. Address *2117 E. 1st*

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.