

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28710

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 7066

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, write RURAL and give town) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis; 2149	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) 6303 Nottingham Ave	
d. FULL NAME OF HOSPITAL OR INSTITUTION De Paul Hospital			

3. NAME OF DECEASED (Type or Print) MSGR. RUDOLPH B. SCHULER			4. DATE OF DEATH (Month) (Day) (Year) Aug. 6, 1951					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 28, 1899	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR (Months) 5	IF UNDER 1 YEAR (Days) 8	IF UNDER 1 YEAR (Hours) 0	IF UNDER 1 YEAR (Min.) 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Pastor		10b. KIND OF BUSINESS OR INDUSTRY St Gabriels Ch.		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.		

13a. FATHER'S NAME Charles W. Schuler		13b. MOTHER'S MAIDEN NAME Caroline Willmerring		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rev. Vincent Schuler-West Alton, Mo.	

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, ashenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <i>Myelogenous Leukemia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>Approx. May 1950</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) <i>Same</i>		
	11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 *May 1950* to *Aug 6, 1951*, that I last saw the deceased alive on *Aug 6, 1951*, and that death occurred at *3:35 P. m.*, from the causes and on the date stated above.

23a. SIGNATURE <i>Vincent Schuler</i> (Degree of title)	23b. ADDRESS <i>4968th Delmar Blvd</i>	23c. DATE SIGNED <i>8/6/51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	24b. DATE <i>8-9-51</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Resurrection Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Mo.</i>
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DATE FILED BY LOCAL REG. <i>AUG 7 1951</i>	REGISTRAR'S SIGNATURE <i>J. B. Pasater</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Kriegshauser-4228 S. Kingshighway Bl.</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. ....

Signed Richard W. Stovesand

Signed.....  
Student Embalmer

Licensed Embalmer No. 4007

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.