

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **39700**
Registrar's No. **9027**

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 100		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY St Louis					
b. CITY (If outside corporate limits, write RURAL and give township) St Louis		c. LENGTH OF STAY (In hospital) 10 days		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Affton		4820			
d. FULL NAME OF HOSPITAL OR INSTITUTION Alexian Bros. Hospital				d. STREET ADDRESS (If rural, give location) 9108 Darlene Dr.					
3. NAME OF DECEASED (Type or Print) a. (First) Simon b. (Middle) _____ c. (Last) Schuster			4. DATE OF DEATH (Month) (Day) (Year) Oct. 12, 1951		5. SEX male		6. COLOR OR RACE white		
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Jan 24, 1873		9. AGE (In years, last birthday) 78		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 10 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Simon Schuster			13b. MOTHER'S MAIDEN NAME _____		14. NAME OF HUSBAND OR WIFE Katie Schuster				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Mrs Simon Schuster				ADDRESS 9108 Darlene	
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 12 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis		DUE TO (c) Hypertension		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia, hypostatic				4 days			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____							
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? 281X					
22. I hereby certify that I attended the deceased from Oct 3, 1951 , to Oct 12, 1951 ; that I last saw the deceased alive on Oct 11, 1951 , and that death occurred at 4:20A m., from the causes and on the date stated above.									
23a. SIGNATURE Luzerne V. Henschel (Degree or title) _____				23b. ADDRESS 6200 Hoffman Ave		23c. DATE SIGNED 10/12/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 10/15/51		24c. NAME OF CEMETERY OR CREMATORY St Lucas Cemetery		24d. LOCATION (City, town, or county) (State) Sappington, Mo.			
DATE REC'D BY LOCAL REG. OCT 15 1951		REGISTRAR'S SIGNATURE J. Earl Hunt		25. FUNERAL DIRECTOR'S SIGNATURE L Ziegenhein & Sons		ADDRESS 7027 Gravois			

(Licensed Embalmer's Statement on Reverse Side)

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 W. G. Peterson

Signed.....
Student Embalmer

Licensed Embalmer No. 3767

P. O. Address 7027 Gravier

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.