

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18520

FILED MAY 19 1952

318

1003

State File No.

Registrar's No. 4293

| | | | | | | | |
|--|-------------------------------|--|---|--|--|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. _____ | | PRIMARY REG. DIST. NO. _____ | | State File No. | |
| 1. PLACE OF DEATH a. COUNTY _____ | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY _____ | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> | | 2169 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo. Baptist Hosp.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>16 3223 Hartford St.</u> | | | |
| 3. NAME OF DECEASED a. (First) <u>Albert Lawrence</u> b. (Middle) _____ c. (Last) <u>Schulte</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>May 6 1952</u> | | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Dec. 12 1871</u> | | 9. AGE (In years last birthday) <u>80</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 2 HRS. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Wood Worker</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Kraus Auto Body</u> | | 11. BIRTHPLACE (State or foreign country) <u>St. Louis Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. C.</u> | |
| 13a. FATHER'S NAME <u>Frank Schulte</u> | | 13b. MOTHER'S MAIDEN NAME <u>Johanna Baack</u> | | 14. NAME OF HUSBAND OR WIFE <u>Christena Schulte</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u> | | 16. SOCIAL SECURITY NO. <u>497-18-8011</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Christena Schulte</u> ADDRESS <u>3223 Hartford</u> | | | |
| 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of prostate</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Vesical Calculus</u> <u>Prostate 3 yrs.</u> DUE TO (c) <u>Diverterculosis of Bladder</u> <u>no more known</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH <u>Mar 10 2 yrs</u> | |
| 19a. DATE OF OPERATION <u>Jul 8 '52</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>Vesical Calculus, Bladder Diverticulum</u> <u>Carcinoma of prostate</u> | | | | 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) | | | |
| 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? <u>177X</u> | | | |
| 22. I hereby certify that I attended the deceased from <u>Feb 2</u> , 19 <u>52</u> , to <u>May 6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>May 6</u> , 19 <u>52</u> , and that death occurred at <u>5:30</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Ch. Bradford</u> (Degree or title) _____ | | | | 23b. ADDRESS <u>958 Arcadia Bldg.</u> | | 23c. DATE SIGNED <u>May 7 1952</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>5-9-52</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Bur. Park.</u> | | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u> | | |
| DATE REC'D BY LOCAL REG. <u>MAY 8 1952</u> | | REGISTRAR'S SIGNATURE <u>J. Carl Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Witt Bros. L & C. 2929 S. Jefferson</u> | | | |

(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.....

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed D. M. Davis

Licensed Embalmer No. 374

P. O. Address 2929 Jefferson

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.