

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

45073

State File No.

FILED JAN 26 1953

318

REG. DIST. NO. PRIMARY REG. DIST. NO. 1003 Registrar's No. 12088

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

1. PLACE OF DEATH a. COUNTY		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 St. Louis, Missouri		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4346 Delor Street.,		d. STREET ADDRESS (If rural, give location) 15 4346 Delor Street.,	
3. NAME OF DECEASED (Type or Print) a. (First) Louise b. (Middle) Schulte c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) Dec. 31 1952
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH March 25 1864
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	9. AGE (In years last birthday) Months Days Hours Min. 88
11. BIRTHPLACE (State or foreign country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Gottlieb Floor		13b. MOTHER'S MAIDEN NAME Marie Wilkens	
14. NAME OF HUSBAND OR WIFE William Schulte		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No Nil	
16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Alfred Schulte, Owensville, Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure		INTERVAL BETWEEN ONSET AND DEATH 2 wks	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. 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 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) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4200		22. I hereby certify that I attended the deceased from 12-28, 1952 , to 12-31, 1952 , that I last saw the deceased alive on 12-30, 1952 , and that death occurred at 12:15 P.M. , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) Bert H. Klein		23b. ADDRESS 7632 S. Kingshighway	
23c. DATE SIGNED 12-31-52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 1-1-53		24c. NAME OF CEMETERY OR CREMATORY Bay Cemetery	
24d. LOCATION (City, town, or county) (State) Bay, Missouri.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe, 4700 Washington	
DATE RECD BY LOCAL REGISTRAR'S SIGNATURE DEC 31 1952 J. Earl Smith M.D.		50. (Licensed Embalmer's Statement on Reverse Side)	

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

John S. Pennehy

Licensed Embalmer No. *41940*

P. O. Address. *St. Louis MO*

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.