

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2735

FILED JAN 26 1953

BIRTH NO.		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 22	
1. PLACE OF DEATH a. COUNTY Saint Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, write RURAL and give township) Saint Charles		c. LENGTH OF STAY (If this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) Rural - Portage Des Sioux 1920			
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Joseph's Hospital				d. STREET ADDRESS (If rural, give location) R.R. # 1, West Alton, Mo.			
3. NAME OF DECEASED (Type or Print) Jerome		a. (First) J		b. (Middle) Schulte		c. (Last)	
4. DATE OF DEATH Jan. 20, 1953		5. SEX 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Jan. 13, 1914		9. AGE (In years last birthday) 39		IF UNDER 1 YEAR Months 0		IF UNDER 2 WKS. Days 7	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY own		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Joseph Schulte		13b. MOTHER'S MAIDEN NAME Helena Feldman		14. NAME OF HUSBAND OR WIFE Ethel (nee Noschert) Schulte			
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ethel Schulte, West Alton, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Artery Heart Disease				16 hrs	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)				3 mos	
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 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)		4201	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 23, 1952, to Jan 20, 1953, that I last saw the deceased alive on Jan 19, 1953, and that death occurred at 5:30 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Wm H. Poggemeier MD				23b. ADDRESS 200 Clay St St Charles Mo		23c. DATE SIGNED Jan 21, 1953	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 23, 1953		24c. NAME OF CEMETERY OR CREMATORY Saint Peter's Cemetery Saint Charles, Mo.		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE Jan 21, 1953		25. FUNERAL DIRECTOR'S SIGNATURE Francis Hammett		ADDRESS P.C. Dalloway St. Charles			

(Licensed Embalmer's Statement on Reverse Side)

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

923
0

JAN 30 1953

FEB 6 1953

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 Frank R. Opalson
Licensed Embalmer No. 7832
P. O. Address St. Charles, 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.