

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12298

FILED MAR 24 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2386**

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 township) St Louis	c. LENGTH OF STAY (In this place) 20 days	c. CITY (If outside corporate limits, write RURAL and give township) St Louis 2029	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		d. STREET ADDRESS (If rural, give location) 5413 Sunshine Dr. 0	

3. NAME OF DECEASED (Type or Print) a. (First) Edwin b. (Middle) L c. (Last) Schuster	4. DATE OF DEATH (Month) (Day) (Year) Mar. 1, 1953			
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH May 11, 1892	9. AGE (In years last birthday) 60 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR.: Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bottler	10b. KIND OF BUSINESS OR INDUSTRY Brewery	11. BIRTHPLACE (State or foreign country) St Louis Mo		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Louis Schuster	13b. MOTHER'S MAIDEN NAME Caroline Phuls	14. NAME OF HUSBAND OR WIFE Amelia Schuster
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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. 488-18-7730	17. INFORMANT'S SIGNATURE OR NAME Amelia M Schuster	ADDRESS 5431 Sunshine Dr
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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		INTERVAL BETWEEN ONSET AND DEATH 3 wks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) atherosclerotic heart disease		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
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"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 4200
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22. I hereby certify that I attended the deceased from **1-22, 1953** to **3-1, 1953**, that I last saw the deceased alive on **2-28, 1953** and that death occurred at **5:15 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Death or title) M. J. J. J.	23b. ADDRESS 634 N. Grand	23c. DATE SIGNED 3-3-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/4/53	24c. NAME OF CEMETERY OR CREMATORY N St Marcus Cemetery	24d. LOCATION (City, town, or county) (State) St Louis Mo.
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE MAR 8 1953 J. C. Smith	25. FUNERAL DIRECTOR'S SIGNATURE J L Ziegenhein & Sons	ADDRESS 7027 Gravois
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(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 B. P. Kidwell.....

Licensed Embalmer No. 3877.....

P. O. Address 7027 Gravois.....

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.