

No. 300
 10.48
 001
 WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—4

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3549
 State File No.

FILED JAN 26 1954

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>590</u>		Registrar's No. <u>100</u>			
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u>				b. COUNTY _____	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Pine Lawn</u>		c. LENGTH OF STAY (In this place) <u>1 1/2 Weeks</u>		c. CITY OR TOWN <u>St. Louis</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mother of Good Council</u>				e. STREET ADDRESS (If rural, give location) <u>5798 Pershing Avenue</u>				<u>2059</u> <u>1</u>	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>CAROLINE</u>		b. (Middle) <u>MOHRMANN</u>		c. (Last) <u>SCHULTE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>11</u> <u>54</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Jan. 15, 1865</u>		9. AGE (In years last birthday) <u>88</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		IF UNDER 1 YEAR Days _____ IF UNDER 6 HRS. Hours _____ Min. _____	
13a. FATHER'S NAME <u>Peter H Mohrmann</u>			13b. MOTHER'S MAIDEN NAME <u>Caroline Niewoerner</u>			14. NAME OF HUSBAND OR WIFE <u>John J. Schulte</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Edna Ann Schulte-5798 Pershing Avenue</u>				ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH <u>7 1/2 mos.</u>	
This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Fracture of left Femur</u>							
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chr. Myocarditis.</u> DUE TO (c) <u>Hypertension.</u>							
19a. DATE OF OPERATION <u>6/15/53</u>		19b. MAJOR FINDINGS OF OPERATION <u>Fracture of surgical neck - pinned</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>SOICIDE</u> <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>St. Louis City</u>		(COUNTY) <u>MO</u>		(STATE) <u>Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>May 25 1953</u> <u>3 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Tell when arising from chair</u>					
22. I hereby certify that I attended the deceased from <u>May 25, 1953</u> , to <u>Jan 10, 1954</u> , that I last saw the deceased alive on <u>1/10, 1954</u> , and that death occurred at <u>12:10 Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Ernest Eskelens, MD</u>				23b. ADDRESS <u>4500 Olive</u>				23c. DATE SIGNED <u>Jan 11, 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>1-13-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calvary Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>1/12/54</u>		REGISTRAR'S SIGNATURE <u>Herbert E. Spunk, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>C. R. LUPTON & SONS-7233 Delmar Blv'd.,</u>				ADDRESS	

(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.....
Signature of Student Embalmer

Signed *Clarence H. Murrell*.....

Licensed Embalmer No. *4011*.....

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

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.