

FILED MAY 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14376
998
Registrar's No. 998

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 542

1. PLACE OF DEATH a. COUNTY St. Louis		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 Ferguson		c. CITY OR TOWN St. Louis		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) 6 Days		e. STREET ADDRESS (If rural, give location) 3934 Lexington Avenue, 7, 2109 / 1			
d. FULL NAME OF HOSPITAL OR INSTITUTION Hilltop Nursing Home					

3. NAME OF DECEASED (Type or Print) a. (First) Carolina			b. (Middle) _____			c. (Last) Schulte			4. DATE OF DEATH (Month) (Day) (Year) April 26 1954				
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH April 28, 1864		9. AGE (In years last birthday) 89		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 12 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Frederick Schulte			13b. MOTHER'S MAIDEN NAME Anna Klack			14. NAME OF HUSBAND OR WIFE George Schulte		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) None		17. INFORMANT'S SIGNATURE OR NAME Mrs. Lydia Coats		ADDRESS 3934 Lexington Ave.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH 7 weeks	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure		CORONARY ARTERIOSCLEROSIS Coronary arteriosclerosis						11 months	
ANTECEDENT CAUSES		DUE TO (b) Generalized arteriosclerosis						many years	
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) 4201	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
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22. I hereby certify that I attended the deceased from **10/2/52, 19** to **7/26/54, 19**, that I last saw the deceased alive on **7/24/54, 19**, and that death occurred at **11 A m.**, from the causes and on the date stated above.

23a. SIGNATURE J. McPherson, M.D.		23b. ADDRESS 4339 Natural Bridge		23c. DATE SIGNED 4/09/54	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE April 29, 1954		24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
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DATE/REC'D BY LOCAL REG. 4/29/54		REGISTRAR'S SIGNATURE Hebert K. Somke, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Calvin F. Feutz		ADDRESS 4828 Nat'l. Bridge Bldg.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File in County

TAKE PERMIT TO DEM. (DIRECT)
REFER FILING CERTIFICATE

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 *John A. Mlinar*.....

Licensed Embalmer No. *418*.....

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.