

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10173**

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **1981**

| | | | |
|--|--|--|--|
| 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 town) St. Louis | | c. LENGTH OF STAY (In this place) c. CITY OR TOWN St. Louis | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 4445 Randall Place | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| STREET ADDRESS (If rural, give location) 4445 Randall Place | | 2070 | |

| | | | |
|--|---------------------------|---|---|
| 3. NAME OF DECEASED (Type or Print) a. (First) Lulu b. (Middle) c. (Last) Schulte | | 4. DATE OF DEATH (Month) (Day) (Year) 3-1-1955 | |
| 5. SEX F | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH 1-19-1891 |
| 9. AGE (In years last birthday) 64 | | 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) House work | 10b. KIND OF BUSINESS OR INDUSTRY Ownhome |
| 11. BIRTHPLACE (City and State or Foreign Country) St. Louis Mo | | 12. CITIZEN OF WHAT COUNTRY? U.S. | |

| | | |
|---|--|--|
| 13a. FATHER'S NAME Henry Behr | 13b. MOTHER'S MAIDEN NAME Mary Evans | 14. NAME OF HUSBAND OR WIFE Deceased |
| 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. 496-30-7620 | 17. INFORMANT'S SIGNATURE OR NAME Raymond Schulte - 4445 Randall Pl. |
| 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. | | 18. ADDRESS 4445 Randall Pl. |

| | | | | |
|--|---|--|--|----------------------------------|
| 18. CAUSE OF DEATH (continued) | | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | | Strangulation due to hanging; when deceased was found hanging in basement of baffle on March 1st 1955, about 250 pm | | |
| ANTECEDENT CAUSES | | DUE TO (c) | | |
| Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | suicide while suffering from temporary mental aberration | | |
| 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 | AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St. Louis Mo | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar 1 55 2:30 pm | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? E974 X | | |

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____, 19____, from the causes and on the date stated above.

| | | | |
|---|------------------------------|--|--|
| 23a. SIGNATURE Patrick J. Taylor Carraway | (Degree or title) | 23b. ADDRESS 1300 Clark | 23c. DATE SIGNED 3-2-55 |
| 24a. BURIAL (REMOVAL) (Specify) Final | 24b. DATE 3-4-1955 | 24c. NAME OF CEMETERY OR CREMATORY New Bethel-hcm Cemetery | 24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo |

| | | | |
|---|--|---|---------|
| DATE REC'D BY LOCAL REG. MAR 2 1955 | REGISTRAR'S SIGNATURE J. Carl Smith MO | 25. FUNERAL DIRECTOR'S SIGNATURE Edw Koch + Son Chapel - 3516 N. 14th | ADDRESS |
|---|--|---|---------|

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

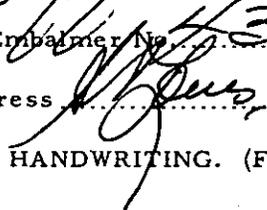
STATEMENT BY LICENSED EMBALMER

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.....
Signature of Student Embalmer

Signed 

Licensed Embalmer No. 43

P. O. Address 

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.