

FILED SEP 13 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28464

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>547</u>		Registrar's No. <u>1999</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 <u>ST. LOUIS</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICHMOND HEIGHTS</u>		c. LENGTH OF STAY (in this place) <u>1 Day</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ROCK HILL #631</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. MARIS HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>10 HARDITH HILLS COURT</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>MAE</u> b. (Middle) <u>SCHULTE</u> c. (Last) <u>SCHULTE</u>			4. DATE OF DEATH <u>AUGUST 24 1955</u> (Month) (Day) (Year)				
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>JUNE (unk) 1894</u>	
9. AGE (In years last birthday) <u>61-</u>		10a. USUAL OCCUPATION (Of the kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u>		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>MICHAEL J. FITZGERALD</u>		13b. MOTHER'S MAIDEN NAME <u>ANN M. O'LEARY</u>		14. NAME OF HUSBAND OR WIFE <u>LESTER 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>RICHARD M. DONNELLY</u> ADDRESS _____			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Basal Skull Fracture</u> INTERVAL BETWEEN ONSET AND DEATH <u>7 1/2 hrs</u>  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. <u>Cancer of Lung &amp; Liver</u>  19a. DATE OF OPERATION _____					
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT (Specify) <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>Rock Hill</u> (COUNTY) <u>St. Louis</u> (STATE) <u>Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 24 55 4P.</u>			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell on concrete 7 floor</u>					
22. I hereby certify that I attended the deceased from <u>8/24</u> , 1955, to <u>8/24</u> , 1955, that I last saw the deceased alive on <u>8/24</u> , 1955, and that death occurred at <u>11:30 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Carl J. Brand M.D.</u> (Degree or title)				23b. ADDRESS <u>Whiter Groves 19 Mo</u>		23c. DATE SIGNED <u>8/26/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>AUG 27 1955</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEM. -</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8/26/55</u>		REGISTRAR'S SIGNATURE <u>Herbert A. Domb</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>M. J. O'Connell</u>		ADDRESS <u>10 HARDITH HILLS COURT</u>	

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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No.....

Signed

*Ronald O. Zolunke*

Signed.....

Student Embalmer

Licensed Embalmer No. *3917*

P. O. Address *St Louis 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.