

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35438

State File No.

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 544 Registrar's No. 2419

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| 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>Saline</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirkwood</u> | | c. CITY OR TOWN <u>Marshall</u> | d. Is 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) <u>3 weeks</u> | | STREET ADDRESS (If rural, give location) <u>951 So. Redman</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Peace Haven Rest Home</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Remington</u> b. (Middle) _____ c. (Last) <u>Schuyler</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 19, 1955</u> | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, <u>Divorced</u> WIDOWER DIVORCED (Specify) | 8. DATE OF BIRTH <u>July 8, 1884</u> | | 9. AGE (In years by birthday) <u>71</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>College Professor</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Art</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>unknown</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |

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|---|--|--|--|--|--|
| 13a. FATHER'S NAME <u>Montgomery Schuyler</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown</u> | | 14. NAME OF HUSBAND OR WIFE <u>None-Divorced</u> | |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) <u>Yes</u> <i>(If yes, give war or dates of service)</i> <u>World War One</u> | | 16. SOCIAL SECURITY NO. <u>491-36-7660</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Records-Peace Haven Rest Home</u> | | ADDRESS _____ | |
|--|--|--|--|--|--|---------------|--|

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Unknown natural causes</u> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>unk</u> | |
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| 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) <u>7955</u> | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? _____ | |

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 _____ m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Herbert R. Domba, M.D. Local Registrar</u> | | 23b. ADDRESS <u>651 S. Brentwood Blvd.</u> | | 23c. DATE SIGNED <u>11-1-55</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u> | | 24b. DATE <u>10/19/55</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Marshall, Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>10-20-55</u> | | REGISTRAR'S SIGNATURE <u>Herbert R. Domba, M.D.</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Meyer-Pfitzinger</u> | | ADDRESS <u>Kirkwood 22, Mo.</u> | |
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56. (Licensed Embalmer's Statement on Reverse Side)

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

NOV 10 1931

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 *William H. Pfeiffer*

Licensed Embalmer No. *131*

P. O. Address *Kulmwood*

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.