

FILED JAN 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **42595**  
Registrar's No. **11548**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>11548</b>			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo.</b> b. COUNTY _____					
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (in this place) <b>2 days</b>		c. CITY OR TOWN <b>St. Louis</b>		d. Is Residence within limits of a city (incorporated town)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Anthony</b>				e. STREET ADDRESS (If rural, give location) <b>24 3703 Ohio</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Mary</b>		b. (Middle) _____		c. (Last) <b>Schuler</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec 29 55</b>			
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widow</b>		8. DATE OF BIRTH <b>Mar 31 1897</b>		9. AGE (In years last birthday) <b>58</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House wife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Alabama</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>John Gallagher</b>			13b. MOTHER'S MAIDEN NAME <b>Rose Connely</b>		14. NAME OF HUSBAND OR WIFE <b>Christian Deceased</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Bessie Winkel 3949a Ohio</b>					
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) <b>ARTERIOSCLEROTIC HEART DISEASE WITH DECOMPENSATION</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>ARTERIOSCLEROSIS GENERALIZED</b> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>DIABETES MELLITUS</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 YR</b>  <b>UNK</b>  <b>UNK</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>420.0</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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) _____					
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 <b>12-27-1955</b> , to <b>12-29-1955</b> , that I last saw the deceased alive on <b>12-29-1955</b> , and that death occurred at <b>1:20 p. m.</b> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Henry Cooper</b> (Degree or title) <b>M.R.</b>				23b. ADDRESS <b>818 OLIVE ST</b>		23c. DATE SIGNED <b>12-30-55</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>1/3/56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>New St. Marcus</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Mo.</b>			
DATE REC'D BY LOCAL REG. <b>DEC 30 1955</b>		REGISTRAR'S SIGNATURE <b>Carl Smith MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wm Schumacher 3013 Meramec</b>					

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

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**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. 47

P. O. Address .....  
6 f f

**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.**