

FILED MAR 19 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 10292

BIRTH NO. _____		REG. DIST. NO. 310		PRIMARY REG. DIST. NO. 3058		Registrar's No. 88	
1. PLACE OF DEATH a. COUNTY <b>St Charles</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>St Louis</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR <b>St Charles</b> TOWN			c. LENGTH OF STAY (in this place) <b>2 da</b>	c. CITY OR TOWN <b>Overland</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St Joseph Hosp</b>				e. STREET ADDRESS (If rural, give location) <b>9019 Windom</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lorene</b> b. (Middle) <b>(Lorraine)</b> c. (Last) <b>Schulte</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Mar 13 1956</b>				
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Separated</b>	8. DATE OF BIRTH <b>Dec 17 1912</b>	9. AGE (In years last birthday) <b>43</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>6</b>	IF UNDER 24 HRS. Hours <b>12</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Assembler</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Nat Regector</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Beckemeyer Ill</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>John Parker</b>		13b. MOTHER'S MAIDEN NAME <b>Irene Hartman</b>		14. NAME OF HUSBAND OR WIFE <b>John Schulte</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>500-18-4940</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Adele Wurdack Overland Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Peritoneal adhesions multiple</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Strangulated nonviable ileum 3 feet - 18 hrs</b> DUE TO (c) <b>Cerebral Hemorrhage</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <b>3 yrs</b> <b>12 hours</b>	
19a. DATE OF OPERATION <b>Mar 12 1956</b>	19b. MAJOR FINDINGS OF OPERATION <b>Gangrenous ileum 3 feet,</b>			5705		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (Min.)		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>Mar 12, 1956</b> , to <b>Mar 13, 1956</b> , that I last saw the deceased alive on <b>Mar 13, 1956</b> , and that death occurred at <b>5:05 P.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Russell Glider MD</b>				23b. ADDRESS <b>St Charles, Mo</b>		23c. DATE SIGNED <b>Mar 15, 1956</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>	24b. DATE <b>3/16/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary Cem</b>		24d. LOCATION (City, town, or county) (State) <b>St Louis Mo</b>			
DATE REC'D BY LOCAL REG. <b>March 15 1956</b>		REGISTRAR'S SIGNATURE <b>Familie Hamiltou</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Ortmann F Home Overland Mo</b>			

(Licensed Embalmer's Statement on Reverse Side)

WHILE PLAINLY-USING BLACK INK-MAKE A PERMANENT RECORD

MAR 20 1956

VS JAN 21 1956

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 *Al C. Ortman*.....

Licensed Embalmer No. 34

P. O. Address .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.