

FILED AUG 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29997

STATE FILE NUMBER

Registration District No. ....

318

Primary Registration District No. ....

1003

Registrar's No. ....

6975

|   |   |   |  |  |   |
|---|---|---|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <input checked="" type="checkbox"/> |  |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR<br>TOWN <b>St. Louis</b>  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  | c. CITY<br>OR<br>TOWN <b>St. Louis</b>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR<br>INSTITUTION <b>St. John's Hospital</b>  |   | Length of stay in lb<br><b>6 days</b>   |  | d. STREET<br>ADDRESS <b>4824 Carter Avenue</b> (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |   |
| 3. NAME OF DECEASED<br>(Type or print) <b>Henry Schuler</b>   |   |   | 4. DATE OF DEATH<br><b>July 26, 1957</b>   |  |   |
| 5. SEX<br><b>male</b>   | 6. COLOR OR RACE<br><b>white</b>  | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>     | 8. DATE OF BIRTH<br><b>Sept. 21, 1876</b>  | 9. AGE (In years last birthday)<br><b>80</b>   | IF UNDER 1 YEAR<br>Months Days Hours Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Butcher Retired</b>   |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>unknown</b>   | 11. BIRTHPLACE (City and state or country)<br><b>Germany</b>                                 |  | 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |
| 13. FATHER'S NAME<br><b>Unknown</b>   |   |   | 14. MOTHER'S MAIDEN NAME<br><b>unknown</b>   |  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>NO</b>   |   | 16. SOCIAL SECURITY NO.<br><b>unknown</b>   | 17. INFORMANT<br>Address<br><b>Mrs. Sophie Baught, 8526 Gilmore Ave</b>                      |  |   |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>BILATERAL BRONCHOPNEUMONIA.</b>   |   |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>3 DAYS</b>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>EXTENSIVE CA OF URINARY BLADDER</b>   |   |   |  |  | ?   |
| DUE TO (c) <b>WITH METASTATIC ADEOPATHY</b>   |   |   |  |  |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)<br><b>181x</b>  |   |   |  |  | 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/>  | SUICIDE <input type="checkbox"/>  | HOMICIDE <input type="checkbox"/>   | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) |  |   |
| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a. m. p. m.   |   |   |  |  |   |
| 20d. INJURY OCCURRED<br>WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   | 20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) |   | 20f. CITY, TOWN, OR LOCATION   | COUNTY   | STATE   |
| 21. I attended the deceased from <b>June 24 1957</b> to <b>July 26 1957</b> and last saw her/him alive on <b>July 25 1957</b><br>Death occurred at <b>12:25 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated. |   |   |  |  |   |
| 22a. SIGNATURE<br>(Degree or title)<br><b>CO N Priedemann M.D.</b>  |   |   | 22b. ADDRESS<br><b>4126 1/2 Shrew Ave</b>  |  | 22c. DATE SIGNED<br><b>12/26/57</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>   | 23b. DATE<br><b>July 29 1957</b>  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cemetery</b>   | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b>           |  |   |
| 24. FUNERAL DIRECTOR<br>ADDRESS<br><b>Math Hermann &amp; Son, Inc., 2161 E. Fair Ave</b>  |   | 25. DATE RECD. BY LOCAL REG.<br><b>JUL 26 '57</b>   | 26. REGISTRAR'S SIGNATURE<br><b>J. Carl Smith, M.D.</b>                                      |  |   |

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Coroner cannot certify to a death due to natural causes. Diseases in Part I must be causally related.

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 *W. J. Burnley*

Licensed Embalmer No. ....

P. O. Address *St. Louis*

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.