

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020484

STATE FILE NUMBER

FILED JUN 9 1958 Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1404

1. PLACE OF DEATH a. COUNTY ST. LOUIS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI COUNTY ST. LOUIS	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FLORISSANT		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN FLORISSANT
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 160 ST. CORNELIUS RANE		Length of stay in 1b	d. STREET ADDRESS 160 St. Cornelius Rane

3. NAME OF DECEASED (Type or print) CLARA EDITH SCHULER			4. DATE OF DEATH Month 5 Day 23 Year 1958	
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5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-6-1901	9. AGE (In years last birthday) 57	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, etc., if retired) AT HOME	10b. KIND OF BUSINESS OR INDUSTRY HOUSEWORK	11. BIRTHPLACE (City and state or country) PEVELY MO	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13. FATHER'S NAME Robert T. Castile	14. MOTHER'S MAIDEN NAME Elizabeth Kerbrick
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, Unknown) NO (If yes, give year or date of service) NONE	16. SOCIAL SECURITY NO. NONE	17. INFORMANT Bernard Schuler Address 160 St. Cornelius Rane
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory collapse		INTERVAL BETWEEN ONSET AND DEATH Min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Metastatic Carcinoma	Months
	DUE TO (c) CARCINOMA Right Breast	Months

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 170X		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Hour Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED 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 **5-21-58** to **5-23-58** and last saw **him** alive on **5-23-58**.
Death occurred at **12:30 a.m.** m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edmund G. Doer (Degree or title)	22b. ADDRESS 1375 Lafayette Florissant, Mo	22c. DATE SIGNED 5-23-58
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23a. BURIAL, CREMATION, OR OTHER DISPOSITION Burial	23b. DATE 5-26-1958	23c. NAME OF CEMETERY OR CREMATORY Sacred Heart Cemety	23d. LOCATION (City, town, or county) (State) Florissant Mo
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24. FUNERAL DIRECTOR Wagnermuelle ADDRESS 3819 So Grand Bldg.	25. DATE RECD. BY LOCAL REG. 5-25-58	26. REGISTRAR'S SIGNATURE Herbert P. Donke M.D.
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(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300-1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

MEDICAL CERTIFICATION

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. *416*.....

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.