

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010287

AMENDED

Registration District No. 310 Primary Registration District No. 3058 Registrar's No. 71

STATE FILE NUMBER

FILED MAR 21 1961

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> COUNTY <u>St. Charles</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Charles</u>		Length of stay in 1b <u>2 days</u>	c. CITY OR TOWN <u>Wentzville</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>R.R.2</u>	
3. NAME OF DECEASED (Type or print) First <u>Robert</u> Middle <u>Benjamin</u> Last <u>Schulte</u>			4. DATE OF DEATH Month <u>March</u> Day <u>13</u> Year <u>1961</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11/22/1896</u>	9. AGE (last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Meat cutter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Kroger Store</u>	11. BIRTHPLACE (City and state or country) <u>Dardenne, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>Carl F. Schulte</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Fulmer</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha M. Schulte</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.I</u>		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Wentzville, Mo.</u> <u>Bertha M. Schulte R.R.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Rupture left ventricle heart</u>					INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Anterior myocardial infarction</u>					
DUE TO (c) <u>left ventricle</u>					<u>1 week</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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 <u>March 11, 1961</u> to <u>March 13, 1961</u> and last saw <sup>her</sup> him alive on <u>March 13, 1961</u> Death occurred at <u>10:56 PM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Russell Fuder MD</u>			22b. ADDRESS <u>St Charles, Mo.</u>		22c. DATE SIGNED <u>3-14-61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3/17/1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Upper Alton City Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Alton, Missouri</u>
24. FUNERAL DIRECTOR <u>Saulton J. Pitman - Wentzville, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>March 14, 1961</u>	26. REGISTRAR'S SIGNATURE <u>Marcella Wilson</u>		

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 19 1961

APR 5 1961

APR 27 1961

**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 Harold O. Kessler

Licensed Embalmer No. 4631

P. O. Address Westville,

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.