SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-012121

AMENDED ✓

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 820 STATE FILE NUMBER

FILED APR 10 1961

1. PLACE OF DEATH
a. COUNTY St. Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clayton
Length of stay in 1b DOA
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION County Hospital
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY St. Louis
c. CITY OR TOWN Ballwin
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) New Ballwin & Manchester Rd.
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First ARTHUR Middle C Last SCHULTE
4. DATE OF DEATH Month March Day 24 Year 1961
5. SEX male
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 3/20/1889
9. AGE (last birthday) 72
IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired
10b. KIND OF BUSINESS OR INDUSTRY pharmacist
11. BIRTHPLACE (City and state or country) St. Louis, Mo.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Arthur H Schulte
13b. MOTHER'S MAIDEN NAME Anna L Starck
14. NAME OF HUSBAND OR WIFE -----
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
17. INFORMANT Arthur H Schulte Address 1028 Whitecliff

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH 4 YEARS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 12-28-59 to 3-24-61 and last saw her/him alive on 3-24-61
Death occurred at 5:25 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Dale M. Blankenship M.D. (Degree or title)
22b. ADDRESS Ballwin Mo.
22c. DATE SIGNED 3-25-61

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE 3/28/1961
23c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cemetery
23d. LOCATION (City, town, or county) St. Louis County, Mo. (State)

24. FUNERAL DIRECTOR John L Ziegenhein & Sons ADDRESS 7027 Gravois
25. DATE RECD. BY LOCAL REG. 3-27-61
26. REGISTRAR'S SIGNATURE John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gran

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