

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-047388
STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

EMBALMER'S STATEMENT

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3562

FILED JAN 9 1962

1. PLACE OF DEATH
a. COUNTY St. Louis,

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY St. Louis,

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy Length of stay in 1b

c. CITY OR TOWN Berkley City Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hospital Inside Limits Yes No

d. STREET ADDRESS (If outside, give location) 4515 Joyce Pl. Reside on Farm Yes No

3. NAME OF DECEASED First Dennis Middle Edward Last Schulte

4. DATE OF DEATH Month December Day 13, Year 1961.

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 12/29/1958 9. AGE (last birthday) 2

IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None- Child 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) St. Louis, Missouri. 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Edward H. Schulte 13b. MOTHER'S MAIDEN NAME Patricia A. Tiggard 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No. 16. SOCIAL SECURITY NO. None 17. INFORMANT Edward H. Schulte Address 4515 Joyce Pl.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) acute Laryngeal Edema INTERVAL BETWEEN ONSET AND DEATH 15 min
DUE TO (b) Tracheo bronchitis acute 2 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. 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 Dec 13, 1961 to Dec 13, 1961 and last saw ^{him} him alive on Dec 13, 61
Death occurred at 7:45 P. M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [Signature] (Degree or title) _____ 22b. ADDRESS Ferguson MO 22c. DATE SIGNED 12-15-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Dec. 16, 1961 23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo.

24. FUNERAL DIRECTOR Gebken-Benz Mortuary ADDRESS 2842 Meramec St. St. Louis, Mo. (18) 25. DATE RECD. BY LOCAL REG. 12-15-61 26. REGISTRAR'S SIGNATURE [Signature]

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 Van M. Seymour

Licensed Embalmer No. 4343

P. O. Address St Louis Mo

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.