

FILED APR 15 1949

STANDARD CERTIFICATE OF DEATH

10625
3039

State File No.

Registrar's No.

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY-REG. DIST. NO. 1003		State File No.		Registrar's No.				
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY MO								
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis			c. LENGTH OF STAY (in this place) 3 hrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Louis			d. STREET ADDRESS (If rural, give location) 3615 Garfield					
d. FULL NAME OF HOSPITAL OR INSTITUTION City Hospital				d. STREET ADDRESS (If rural, give location) 3615 Garfield								
3. NAME OF DECEASED (Type or Print) a. (First) James			b. (Middle) J.S.		c. (Last) Schultz		4. DATE OF DEATH (Month) (Day) (Year) April 3, 1949					
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Nov 22, 1904		9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) not employed			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) St Louis, Mo.			12. CITIZEN OF WHAT COUNTRY? _____				
13a. FATHER'S NAME Lee Schultz			13b. MOTHER'S MAIDEN NAME Dora Alben			14. NAME OF HUSBAND OR WIFE Verbie Schultz						
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. 494-09-4701		17. INFORMANT'S SIGNATURE OR NAME Verbie Schultz ADDRESS 820 Haven								
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sodium Fluoride ANTECEDENT CAUSES Poisoning self administered at his home on Apr 2nd DUE TO (b) _____ DUE TO (c) 1949 about 8:50 pm II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Suicide						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>				
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) St Louis Mo		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 2 49 8:50 p.m.			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 12:30A m. , from the causes and on the date stated above.												
23a. SIGNATURE (Degree or title) Gabriel L Taylor Coronator				23b. ADDRESS 1300 Clark				23c. DATE SIGNED 4-4-49				
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 4/6/49		24c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		24d. LOCATION (City, town, or county) (State) St Louis, Mo.						
DATE REC'D BY LOCAL REG. APR 4 1949		REGISTRAR'S SIGNATURE J.B. Lasater			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS L Ziegenhein & Sons 7027 Gravois							

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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
Student Embalmer

Signed Francis J. Quinn

Licensed Embalmer No. 2245

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 this body is not embalmed, fact should be so stated above.