

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 21 1949

State File No. 39271

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 9587

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY MOO	
b. CITY OR TOWN St. Louis	c. LENGTH OF STAY (in this place) 1	c. CITY OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4363 ^a Gibson		d. STREET ADDRESS (If rural, give location) 18 4363 ^a Gibson	

3. NAME OF DECEASED (Type or Print) EDWIN		a. (First)	b. (Middle) Kelle (Schultz)	c. (Last) SCHULTZ	4. DATE OF DEATH (Month) (Day) (Year) Nov. 6 1949	
5. SEX MA	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH NOV. 12-1890	9. AGE (in years last birthday) 58YR	10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OPERATOR BUS. P.S.		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME MARK SCHULTZ		13b. MOTHER'S MAIDEN NAME Sophia BURNS		14. NAME OF HUSBAND OR WIFE ELIZABETH SCHULTZ	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLD WAR I		16. SOCIAL SECURITY NO. 39-494-01-0932	17. INFORMANT'S SIGNATURE OR NAME Mrs. Elizabeth Schultz		
				ADDRESS 4363 ^a GIBSON	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive coronary occlusion (sudden)			INTERVAL BETWEEN ONSET AND DEATH 2 minutes
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			6 weeks
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 94 MO	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? November 6 4:20 P	

22. I hereby certify that I attended the deceased from October 10, 1949, to October, 1949, that I last saw the deceased alive on October 9, 1949, and that death occurred at 11 m., from the causes and on the date stated above.

23a. SIGNATURE George J. Schjval M.D.		(Degree or title) U	23b. ADDRESS 3903 Park Avenue		23c. DATE SIGNED Nov 7, 1949
24a. BURIAL (Specify) BURIAL	24b. DATE NOV. 9-1949	24c. NAME OF CEMETERY OR CREMATORY CHRISTIAN Cemetery		24d. LOCATION (City, town, or county) (State) FREDERICKTOWN - MO.	
DATE REC'D BY LOCAL REG. NOV 7 1949	REGISTRAR'S SIGNATURE J. B. ...		25. FUNERAL DIRECTOR'S SIGNATURE E. J. Schmur		
			ADDRESS 3125 Lafayette Ave		

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

DEC 19 1946

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Joseph Volmer

Licensed Embalmer No. *4014*

P. O. Address *325 Lafayette*

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.