

FILED FEB 17 1950
92388

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6717
Registrar's No. 1112

BIRTH NO.		REG. DIST. NO. 318	PRIMARY REG. DIST. NO. 1003	Registrar's No. 1112	
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived - If institution - residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>St. Louis</i>		
b. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis, Missouri</i>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis, Mo.</i>		d. STREET ADDRESS (If rural, give location) <i>2252 Cass.</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>5503 N. Broadway</i>					
3. NAME OF DECEASED (Type or Print) a. (First) MAMIE b. (Middle) SCHULTZ c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) February 3, 1950		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Jan 24 1876</i>	9. AGE (In years last birthday) <i>74</i>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>0</i>
13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Joseph Schultz</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <i>Mrs. Thonhull, 3503 N. Broadway</i>		
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, asthenia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Hypertensive Cardiovascular Disease</i> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Fracture, Interspochauteric, Left Femur</i>		
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) <i>H 4 2 X</i>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>1/11/50</i> , 19 <i>50</i> , to <i>1/27/50</i> , 19 <i>50</i> , that I last saw the deceased alive on <i>1/27/50</i> , 19 <i>50</i> , and that death occurred at <i>1 P.</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Caron H. Hendin M.D.</i>			23b. ADDRESS <i>1515 Lafayette Ave.,</i>		23c. DATE SIGNED <i>2/3/50</i>
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>2/6/50</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Calvary Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>4 1950</i>		REGISTRAR'S SIGNATURE <i>J. B. Casater</i>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <i>Sullivan Funeral Home 5849 N. Broadway</i>	

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

X
W.C. ...

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
Student Embalmer

Student Embalmer No.

Signed

Robert L. Blinckman

Licensed Embalmer No. 5333

P. O. Address.....

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.