

FILED OCT 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32821**

0142
2

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

BIRTH NO. _____		REG. DIST. NO. <u>47</u>		PRIMARY REG. DIST. NO. <u>3008</u>		Registrar's No. <u>345</u>				
1. PLACE OF DEATH a. COUNTY <u>Callaway</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>St. Louis</u>		
b. CITY OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>14-11M-11D</u>		c. CITY OR TOWN <u>Robertson</u>		4050				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u>				d. STREET ADDRESS (If rural, give location) <u>R 2</u>						
3. NAME OF DECEASED (Type or Print) <u>Edith</u>			a. (First)			b. (Middle)				
c. (Last) <u>Schulz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 17 1950</u>							
5. SEX <u>AFI</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Separated</u>		8. DATE OF BIRTH <u>Apr 9, 1886</u>		9. AGE (in years last birthday) <u>64</u>		
						Months <u>6</u>		Days <u>8</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>			11. BIRTHPLACE (State or foreign country) <u>Indiana</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas Walther</u>			13b. MOTHER'S MAIDEN NAME <u>Louise Ackworthy</u>			14. NAME OF HUSBAND OR WIFE <u>Carl Schulz</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>			17. INFORMANT'S SIGNATURE OR NAME <u>Hospital Records</u>			ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH <u>33 days</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>				ANTECEDENT CAUSES						
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						
				DUE TO (b) <u>Arteriosclerosis</u>						
				DUE TO (c)						
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.					332X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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 <u>Mar. 17, 1950</u> , to <u>Oct. 17, 1950</u> , that I last saw the deceased alive on <u>Oct. 17, 1950</u> , and that death occurred at <u>1:10 P.M.</u> , from the causes and on the date stated above.										
23a. SIGNATURE <u>Ralph Janks M.D.</u> (Degree or title)				23b. ADDRESS <u>State Hosp. Fulton Mo</u>				23c. DATE SIGNED <u>Oct. 17, 50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/9/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>St. Louis Co Mo</u>				
DATE REC'D BY LOCAL REG. <u>Oct. 17-1950</u>		REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> 426			25. FUNERAL DIRECTOR'S SIGNATURE <u>Collins Funeral Home</u> ADDRESS <u>1023 St. Charles Ave. Querland Mo</u>					

File No. _____
DISTRICT HEALTH OFFICE No. 4

OCT 23 1950

RECEIVED

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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 Sheldon Collier

Signed.....
Student Embalmer

Licensed Embalmer No. 3382

P. O. Address 1012 38th Ave. N

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.