

FILED DEC 18 1950

STANDARD CERTIFICATE OF DEATH

State File No. 42818

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 10450

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
b. CITY (If outside corporate limits, write RURAL and give town or township) St. Louis				c. LENGTH OF STAY (in this place)		a. STATE Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital				c. CITY (If outside corporate limits, write RURAL and give township) St. Louis		b. COUNTY	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. SEX	
a. (First) Martha		b. (Middle)		c. (Last) Schulz		6. COLOR OR RACE White	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Apr. 9, 1888		9. AGE (In years last birthday) 62		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home	
11. BIRTHPLACE (State or foreign country) Patterson, New Jersey		12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Fritz Till		13b. MOTHER'S MAIDEN NAME Bertha Lubitz	
14. NAME OF HUSBAND OR WIFE Max		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE AND NAME Bernice Guerke-- Rt. #9 Box 138	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 3 days	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peptic Gastric Ulcer		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) none DUE TO (c) none				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) 54-01		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
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 12/4, 1950, to 12/7, 1950, that I last saw the deceased alive on 12/6, 1950, and that death occurred at 7:20 a. m., from the causes and on the date stated above.	
23a. SIGNATURE J. B. Laska (Degree or title)		23b. ADDRESS 3450 Gravois Ave		23c. DATE SIGNED 12/8/50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12/11/50		24c. NAME OF CEMETERY OR CREMATORY NewSt. Marcus Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri	
DATE REC'D BY LOCAL REG. DEC 8		REGISTRAR'S SIGNATURE J. B. Laska		25. FUNERAL DIRECTOR'S SIGNATURE Wacker-Heldale		ADDRESS 3634 Gravois	

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Frank J. O'Connell Sr.

Signed.....
Student Embalmer

Licensed Embalmer No. *3645*

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.