

No. 300  
10-28

11150

FILED MAR 24 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

Reg # 92411

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 642

1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>IOWA</u> b. COUNTY <u>MUSCATINE</u>	
b. CITY (If outside corporate limits, write RURAL and give town) OR <u>TOWN JEFF BRKS MO</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>MUSCATINE</u> <u>8140</u>	
c. LENGTH OF STAY (in this place) <u>1 day</u>		d. STREET ADDRESS (If rural, give location) <u>407 E. 4th St.,</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>VETS ADMIN HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u>	b. (Middle) <u>W.</u>	c. (Last) <u>SCHULTZ</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>3-11-51</u>
---	-----------------------	--------------------------	--

5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>5-4-30</u>	9. AGE (In years last birthday) <u>20</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Min. _____
-----------------	---------------------------	--	--------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Salesman</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>MUSCATINE, IOWA</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	---	--	---

13a. FATHER'S NAME <u>Louis E. Schultz</u>	13b. MOTHER'S MAIDEN NAME <u>Elsie Schultz</u>	14. NAME OF HUSBAND OR WIFE _____
--	--	-----------------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Peace time 8-48 to 12-49</u>	16. SOCIAL SECURITY NO. <u>482-26-4369</u>	17. INFORMANT'S SIGNATURE OR NAME <u>VA HOSPITAL RECORDS, JEFF. BRKS, MO.</u>	ADDRESS _____
--	--	---	---------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>INTRACRANIAL INJURY</u>		INTERVAL BETWEEN ONSET AND DEATH  <u>38 2/4</u> <u>32</u>
ANTECEDENT CAUSES  Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) _____		
DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>3-10-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>SUBDURAL HEMATOMA, Left</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---------------------------------------	---	--

21a. ACCIDENT (Specify) <u>SUBDURAL HEMATOMA - 3-10-51</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>FESTUS JEFFERSON MISSOURI</u>
--	---	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>3 10 51 9A. m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>MOTORCYCLE ACCIDENT (ROB)</u>
---	---	---

22. I hereby certify that I attended the deceased from 3-10-51, 1951, to 3-11-51, 1951, and that death occurred at 6:20 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>VA HOSP. JEFF. BRKS, MO.</u>	23c. DATE SIGNED <u>3-12-51</u>
-----------------------------------	-------------------------------	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>3-12-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MUSCATINE, IOWA</u>	24d. LOCATION (City, town, or county) (State) <u>MUSCATINE, IOWA</u>
--	--------------------------	---	--

DATE REC'D BY LOCAL REG. <u>3-12-51</u>	REGISTRAR'S SIGNATURE <u>Norbert R. Donko M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>HOPPE, St. Louis, Mo.</u>	ADDRESS _____
---	--	---	---------------

*Rev* Licensed Embalmer's Statement on Reverse Side

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

MAY 10 1957

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.....

*William J. Segan*

Licensed Embalmer No. ....

0699

P. O. Address .....

*St. Charles, 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.