

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18579

FILED JUN 15 1951

State File No. ....

Registrar's No. 5119

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Missouri Pac. Hosp.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>California</u> b. COUNTY _____	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St. Louis Mo.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Long Beach</u> <u>9040</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Pacific Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>9350 Malino Ave 8</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u> b. (Middle) <u>S.</u> c. (Last) <u>Schulz</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 1 1951</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M.</u>	8. DATE OF BIRTH <u>Sept 4, 1902</u>
9. AGE (In years last birthday) <u>62</u>		9. AGE (In years last birthday) <u>62</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Telegrapher</u>	
11. BIRTHPLACE (State or foreign country) <u>St. Louis County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Fredrick Schulz</u>		13b. MOTHER'S MAIDEN NAME <u>Lucy Walters Fern</u>	
14. NAME OF HUSBAND OR WIFE _____		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>no</u>		16. SOCIAL SECURITY NO. <u>702-14-3044</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Fern Schulz</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Fern Schulz</u> ADDRESS <u>Long Beach Calif</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute post operative mediastinitis</u> ANTECEDENT CAUSES DUE TO (b) <u>Gangrene of pyro-esophageal anastomosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Adeno Carcinoma - Stomach -</u>	
19a. DATE OF OPERATION <u>22 May 51</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of stomach -</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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) _____		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? <u>157X</u>		21f. HOW DID INJURY OCCUR? <u>157X</u>	
22. I hereby certify that I attended the deceased from <u>14 May, 1951</u> , to <u>1 June, 1951</u> , that I last saw the deceased alive on <u>1 June, 1951</u> , and that death occurred at <u>1:40 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Wenzeloffner M.D.</u>		23b. ADDRESS <u>3720 Washington St. St. Louis</u>	
23c. DATE SIGNED <u>2 June 51</u>		23c. DATE SIGNED <u>2 June 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-3-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Antioch</u>		24d. LOCATION (City, town, or county) (State) <u>Brunn Moriah Mo</u>	
DATE REC'D BY LOCAL REG. <u>JUN 4 1951</u>		REGISTRAR'S SIGNATURE <u>J. H. Karater</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Schneider</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schneider</u> ADDRESS <u>Funeral Home Bellevue Mo</u>	

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

5119

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

*Ronald O Yalunke*

Signed.....

Student Embalmer

Licensed Embalmer No. *3917*

P. O. Address *Terre 10 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.