

FILED SEP 15 1951

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Reg.# 96151

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29156

State File No. ....

BIRTH NO. .... REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 3108

1. PLACE OF DEATH  
a. COUNTY ST. LOUIS  
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN JEFF. BRKS, MO.  
c. LENGTH OF STAY (in this place) 22 days  
d. FULL NAME OF HOSPITAL OR INSTITUTION VETERANS ADMIN. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE MISSOURI b. COUNTY ST. FRANCOIS  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FREDERICKTOWN 0621  
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED (Type or Print)  
a. (First) CHARLES b. (Middle) H. c. (Last) SCHULTZ

4. DATE OF DEATH (Month) (Day) (Year)  
9-8-51

5. SEX M  
MATE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
MARRIED

8. DATE OF BIRTH 6-1-92

9. AGE (In years last birthday) 59  
If UNDER 1 YEAR: Months \_\_\_\_\_ Days \_\_\_\_\_  
If UNDER 11 HRS: Hours \_\_\_\_\_ Min. \_\_\_\_\_

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
MATTMAN

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)  
DECATUR, ILLINOIS

12. CITIZEN OF WHAT COUNTRY?  
USA

13a. FATHER'S NAME  
JAMES SCHULTZ

13b. MOTHER'S MAIDEN NAME  
MA RY JAGUSCH

14. NAME OF HUSBAND OR WIFE  
MARY L. SCHULTZ

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)  
YES VV-1

16. SOCIAL SECURITY NO.  
U NK

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
VA HOSPITAL RECORDS, JEFF. BKS, MO.

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) CEREBRAL VASCULAR ACCIDENT  
  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) CEREBRAL ARTERIAL THROMBOSIS  
DUE TO (c)  
  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.  
332X

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?  
YES  NO

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) (Min.)

21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR

22. I hereby certify that I VA attended the deceased from 8 - 017-51, 1951, to 9-8-51, 1951, and that death occurred at 4:15A m., from the causes and on the date stated above.

22a. SIGNATURE (Degree or title)  
[Signature] M.D.

23b. ADDRESS  
VA HOSP. JEFF. BKS, MO.

23c. DATE SIGNED  
9-8-51

24a. BURIAL, CREMATION, REMOVAL (Specify)  
Removal

24b. DATE  
Sept. 10, 1951

24c. NAME OF CEMETERY OR CREMATORY  
Mission Cemetery

24d. LOCATION (City, town, or county) (State)  
Fredericktown, Missouri

DATE REC'D BY LOCAL REG.  
9-9-51

REGISTRAR'S SIGNATURE  
[Signature]

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
HOFFMEISTER U&L COMPANY, St. Louis, Mo.

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

APR 28 1951

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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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

*Harry J. Schumacher*

Licensed Embalmer No. 2679

P. O. Address 7814 S. Broadway

**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.