

No. 300
10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11552

State File No.

FILED MAR 20 1952

BIRTH NO. REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 488

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. L.	
b. CITY (If outside corporate limits, write RURAL and give township) St. Louis, Co.		c. CITY (If outside corporate limits, write RURAL and give township) Richmond Hgts.	
c. LENGTH OF STAY (In this place) 4		d. STREET ADDRESS (If rural, give location) 1713 Boneta Ave.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Penn Nurseing Home			

3. NAME OF DECEASED (Type or Print) Charles H SCHULZE			4. DATE OF DEATH (Month) (Day) (Year) Feb 21, 1952		
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Jan. 25, 1870		9. AGE (In years last birthday) 82
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furniture Salesman.		10b. KIND OF BUSINESS OR INDUSTRY Jamerson Furn. Co.		11. BIRTHPLACE (State or foreign country) St. Louis	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Herman H. Schulze		13b. MOTHER'S MAIDEN NAME Henrietta Meyer		14. NAME OF HUSBAND OR WIFE None	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. No 494-10-9691-4		17. INFORMANT'S SIGNATURE OR NAME Miss Alma H. Schulze	
				ADDRESS 1713 Boneta Rich. Hgts	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH 1 day	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease, unknown				
* This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1) Parkinson's disease 2) Fracture left humerus Dec 1951						
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200 F			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **Jan 10, 1952** to **Feb 21, 1952**, that I last saw the deceased alive on **Feb 20, 1952**, and that death occurred at **1:45 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lewis Littmann MD		23b. ADDRESS 8231 Clayton Rd (17)		23c. DATE SIGNED 2/21/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 23, 1952		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine Cem.	
		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.			

DATE REC'D BY LOCAL REG. 2-23-52		REGISTRAR'S SIGNATURE Herbert R Damber MD		25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons, Inc.	
				ADDRESS 6175 Delmar Blvd.	

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

500
4

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.....
Student Embalmer

Signed

Jos. E. McCulloch

Licensed Embalmer No.

2460

P. O. Address

6175 Pelmar

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.