

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37097**

FILED NOV 14 1952

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **541** Registrar's No. **2793**

1. PLACE OF DEATH

a. COUNTY **ST. LOUIS**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **CLAYTON**

c. LENGTH OF STAY (in this place) **30 minutes**

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. LOUIS COUNTY HOSP.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

a. STATE **MISSOURI** b. COUNTY **ST. LOUIS**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **JENNINGS**

d. STREET ADDRESS (If rural, give location) **5664 HAMILTON AVENUE**

3. NAME OF DECEASED (Type or Print)

a. (First) **GOTTIEB** b. (Middle) **SCHULTZ** c. (Last) **SCHULTZ**

4. DATE OF DEATH (Month) (Day) (Year) **10 29 52**

5. SEX **MALE** **0** **6. COLOR OR RACE** **WHITE**

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED 1**

8. DATE OF BIRTH **FEB. 29, 1880** **9. AGE (In years last birthday)** **72**

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

10b. KIND OF BUSINESS OR INDUSTRY **SEE CARPENTRY**

11. BIRTHPLACE (City and State or Foreign Country) **GERMANY**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **DORRWIN SCHULTZ** **13b. MOTHER'S MAIDEN NAME** **UNKNOWN**

14. NAME OF HUSBAND OR WIFE **EMMA SCHULTZ**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **NO** (If yes, give war or dates of service) **NONE**

16. SOCIAL SECURITY NO. **UNKNOWN**

17. INFORMANT'S SIGNATURE OR NAME **MRS. EMMA SCHULTZ** **ADDRESS** **5664 HAMILTON**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Occlusion**

ANTECEDENT CAUSES (b) **Atherosclerosis**

DUE TO (c) **4201**

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing 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) _____ **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from 9-18, 1952, to 10-29, 1952, that I last saw the deceased alive on 10-29, 1952, and that death occurred at 8:50A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **M. D.** **23b. ADDRESS** **6018 Brentwood Clayton** **23c. DATE SIGNED** **10-29-52**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** **24b. DATE** **11-1-52**

24c. NAME OF CEMETERY OR CREMATORY **ST. PETER'S CEMETERY** **24d. LOCATION (City, town, or county) (State)** **ST. LOUIS COUNTY, MISSOURI**

DATE REC'D BY LOCAL REG. **10-30-52** **REGISTRAR'S SIGNATURE** **Hubert R. Dambis - M.D.**

25. FUNERAL DIRECTOR'S SIGNATURE **STOCK MORTUARY** **ADDRESS** **217 EAST GRAND**

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

4002

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

Frank H. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.