

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7933**  
Registrar's No. **1546**

FILED FEB 26 1953

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		Registrar's No. <b>1546</b>	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo.</b> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>		<b>2149</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Alexian Bros. Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>4912 Nottingham Ave.</b>			

3. NAME OF DECEASED (Type or Print) <b>CHARLES</b>		a. (First)		b. (Middle) <b>SCHULZ</b>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 7 1953</b>		
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>March 18, 1889</b>		9. AGE (In years last birthday) <b>63</b>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Baker (Retired)</b>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) <b>St. Louis, Mo.</b>			12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>	

13a. FATHER'S NAME <b>Unknown Schulz</b>			13b. MOTHER'S MAIDEN NAME <b>Dora Unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Matilda Schulz</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>489-09-7463</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Charles F. Schulz</b>			ADDRESS <b>4931 Nottingham</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Duodenal Ulcer with Hemorrhage</b>						INTERVAL BETWEEN ONSET AND DEATH <b>2 weeks</b>	
		ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) starting the underlying cause last. DUE TO (c) _____							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>							

19a. DATE OF OPERATION <b>Feb. 4 '53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Duodenal Ulcer with Hemorrhage - Gastro enterostomy</b>						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) (Min.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>5410</b>					

22. I hereby certify that I attended the deceased from **Jan 24, 1953** to **Feb. 7, 1953**, that I last saw the deceased alive on **Feb. 7, 1953**, and that death occurred at **9:15 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>W. J. Mattern M.D.</b>		(Degree or title)		23b. ADDRESS <b>3608 S. Grand Blvd. (18)</b>		23c. DATE SIGNED <b>2/9/53</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>Feb. 11, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Sunset Burial Park</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis Co. Mo.</b>			
DATE REC'D BY LOCAL REG. <b>FEB 9 1953</b>		REGISTRAR'S SIGNATURE <b>Carl Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Kriegshauser</b>				ADDRESS <b>4228 S. Kingshighway Bl</b>	

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

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 C. White

Licensed Embalmer No. 4291

P. O. Address 428th Kings Highway

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.