

FILED APR 29 1954

STANDARD CERTIFICATE OF DEATH

State File No. **14081**
3499

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY _____
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **MISSOURI** b. COUNTY _____

b. CITY (If outside corporate limits, write RURAL and give township) c. LENGTH OF STAY (in this place)
ST. LOUIS, MISSOURI c. CITY OR TOWN **ST. LOUIS** d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION **ST. LOUIS CITY HOSPITAL** e. STREET ADDRESS (If rural, give location) **25 931 Cass**

3. NAME OF DECEASED a. (First) **ANTHONY** b. (Middle) **OLSHEFSKY** c. (Last) **SCHULTZ** 4. DATE OF DEATH (Month) (Day) (Year) **APRIL 10, 1954**

5. SEX **MALE** 6. COLOR OR RACE **WHITE** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **MARRIED** 8. DATE OF BIRTH **APRIL 15, 1889** 9. AGE (In years last birthday) Months Days **64** If under 1 year Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **NONE** 10b. KIND OF BUSINESS OR INDUSTRY _____ 11. BIRTHPLACE (City and State or Foreign Country) **GERMANY** 12. CITIZEN OF WHAT COUNTRY _____

13a. FATHER'S NAME **ANTON** 13b. MOTHER'S MAIDEN NAME **BARBARA** 14. NAME OF HUSBAND OR WIFE **MARY**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) _____ 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME **HOSPITAL RECORD** ADDRESS _____

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Cancer of the lung**
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____
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) **163X**

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 **3-3-54**, 19____, to **4-10-54**, 19____, that I last saw the deceased alive on **4-10-54**, 19____, and that death occurred at **2:30P** m., from the causes and on the date stated above.

23a. SIGNATURE **Joseph A. Egan M.D.** (Degree or title) 23b. ADDRESS **1515 Lafayette Avenue** 23c. DATE SIGNED **4-12-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **BURIAL** 24b. DATE **APR. 19-54** 24c. NAME OF CEMETERY OR CREMATORY **CALVARY** 24d. LOCATION (City, town, or county) (State) **ST LOUIS MO**

DATE REC'D BY LOCAL REG. **APR 19 1954** REGISTRAR'S SIGNATURE **Carl Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **W. J. Kelly** ADDRESS **4386 Lindell**

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.....
Signature of Student Embalmer

Signed *Frank C. Merrick*.....

Licensed Embalmer No. *4854*

P. O. Address *St. Louis*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.