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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **24342**  
**5798**

FILED AUG 2 - 1955

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 <b>Mo.</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis</b> )		c. LENGTH OF STAY (In this place) <b>9 days</b>	c. CITY OR TOWN <b>St. Louis</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION: <b>Incarnate Word Hospital</b>		e. STREET ADDRESS (If rural, give location) <b>8010 Vulcan St.</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Anna</b> b. (Middle) <b>----</b> c. (Last) <b>Schulz</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 4, 1955</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>January 8, 1881</b>	9. AGE (In years last birthday) <b>74</b> If UNDER 1 YEAR: Months _____ Days _____ If UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Lenzburg, Illinois</b>	

13a. FATHER'S NAME <b>Fred Winter</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		14. NAME OF HUSBAND OR WIFE <b>Theodore Schulz</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Alitta Seilnacht</b> ADDRESS <b>8010 Vulcan St.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic nephritis &amp; uremia</b>			INTERVAL BETWEEN ONSET AND DEATH <b>2 wks</b>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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 <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>593x</b>	

I hereby certify that I attended the deceased from **6-20**, 19**55**, to **7-4**, 19**55**, that I last saw the deceased alive on **7-4**, 19**55**, and that death occurred at **10:30 am.**, from the causes and on the date stated above.

23a. SIGNATURE <b>R. Bachmeyer</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>4703 + Virginia</b>		23c. DATE SIGNED <b>7/5/55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>July 7, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Hope Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>1215 Lemay Ferry Road Lemay, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. Hoffmeister</b> ADDRESS <b>U. &amp; L. Co. 7814 S. Broadway</b>			

DATE REC'D BY LOCAL REG. **JUL 6 1955** REGISTRAR'S SIGNATURE **J. Carl Smith MD** (Licensed Embalmer's Statement on Reverse Side)

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

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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.....  
Signature of Student Embalmer

Signed *Lewis C. Hoffman*.....

Licensed Embalmer No. 387.....

P. O. Address 7814 S.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.