

FILED NOV 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35574

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 500 Registrar's No. 2410

1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Riverview</u>		c. CITY OR TOWN <u>Riverview</u> <u>4250</u>	
c. LENGTH OF STAY (in this place) <u>4 yr</u>		d. In Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>421 Thrift Ave</u>		e. STREET ADDRESS (If rural, give location) <u>421 Thrift Ave.,</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) _____ c. (Last) <u>SCHULTZ</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 18th, 1955</u>		
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>July 21st, 1891</u>		9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months Days IF UNDER 6 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>William Kniemeyer</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Schwartz</u>		14. NAME OF HUSBAND OR WIFE <u>Louis Schultz</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Eleanor Schultz, 421 Thrift Ave</u>	
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis (chronic form repeated)</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arterio-sclerosis</u>		<u>15 yrs</u>	
		DUE TO (c) <u>Stroke</u>		<u>45 yrs</u>	
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 <u>260X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from April 5, 1954 to Oct. 18, 1955, that I last saw the deceased alive on Oct 18, 1955, and that death occurred at 5:00 p.m. from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. F. E. Farley</u>		23b. ADDRESS <u>6603 Leland Road</u>		23c. DATE SIGNED <u>10/19/55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>10/21/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>	
				24d. LOCATION (City, town, or county) <u>St. Louis Co., Mo.</u> (State)	

DATE REC'D BY LOCAL REG. <u>10-20-56</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombke MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WIEDRICH FUNERAL HOME, 8319 Hallberry</u>	
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26. (Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

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 *Elmo K. Padwell*

Licensed Embalmer No. *497*

P. O. Address *Sh. Lor*

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.