

FILED FEB 7 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

598

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

|   |  |   |   |   |  |   |  |
|---|--|---|---|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY  |  |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township)<br><b>St. Louis</b>  |  | c. LENGTH OF STAY (In this place)   |   | c. CITY OR TOWN <b>Univ. City,</b>  |  | d. Is Residence within limits of a city or incorporated town?<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><b>Jewish Hosp.</b>  |  |   |   | e. STREET ADDRESS (If rural, give location)<br><b>7018a Dartmouth</b>   |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>SAM</b> b. (Middle) <b>(aka Samuel)</b> c. (Last) <b>SCHULTZ</b>   |  |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Jan. 16, 1956</b> |   |  |   |  |
| 5. SEX <b>male</b>  |  | 6. COLOR OR RACE <b>white</b>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><b>married</b>  |  | 8. DATE OF BIRTH<br><b>June 26, 1887</b>  |  |
| 9. AGE (In years last birthday) <b>68</b>   |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Owner</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Retail Shoes</b>  |  | 11. BIRTHPLACE (City and State or Foreign Country) <b>Poland</b>  |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><b>USA</b>  |  | 13a. FATHER'S NAME<br><b>Mendel Schultz</b>   |   | 13b. MOTHER'S MAIDEN NAME<br><b>Sylvia (unk)</b>  |  | 14. NAME OF HUSBAND OR WIFE<br><b>Pearl</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |  | 16. SOCIAL SECURITY NO.<br><b>496-36-1027</b>   |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><b>Pearl Schultz 7018a Dartmouth</b>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                        |  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of larynx with met. Pulmonary embolus</b><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <b>Pulmonary embolus</b><br>DUE TO (c) |   |   |  | INTERVAL BETWEEN ONSET AND DEATH<br><b>0</b>  |  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |  | 19a. DATE OF OPERATION<br><b>1/4/56</b>   |   | 19b. MAJOR FINDINGS OF OPERATION<br><b>Carcinoma of larynx</b>  |  | 20. AUTOPSY?<br>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)   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  |   | 21f. HOW DID INJURY OCCUR?  |  |   |  |
| 22. I hereby certify that I attended the deceased from <b>1/4</b> , 1956, to <b>1/16</b> , 1956, that I last saw the deceased alive on <b>1/16</b> , 1956, and that death occurred at <b>7:00 p</b> m., from the causes and on the date stated above. |  |   |   |   |  |   |  |
| 23a. SIGNATURE <b>C. T. Eckert</b> (Print or Title)   |  |   |   | 23b. ADDRESS<br><b>559 W. Grand Ave</b>   |  | 23c. DATE SIGNED<br><b>1-17-56</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>removal</b>   |  | 24b. DATE<br><b>1/18/56</b>   |   | 24c. NAME OF CEMETERY OR CREMATORY<br><b>Chesed Shel Emeth</b>  |  | 24d. LOCATION (City, town, or county) (State)<br><b>Univ. City, Mo.</b>   |  |
| DATE REC'D BY LOCAL REG.<br><b>JAN 18 1956</b>  |  | REGISTRAR'S SIGNATURE<br><b>J. Carl Smith, M.D.</b>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><b>Berger Memorial</b>  |  | ADDRESS<br><b>4715 McPherson</b>  |  |

S. A. 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..... *Lawrence J. DeLuca*

Licensed Embalmer No. *398*

P. O. Address.....

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.