

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUN 1 1956

State File No. _____

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **4702**

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) ST. LOUIS		c. CITY OR TOWN ST. LOUIS	
c. LENGTH OF STAY (In hospital or institution) 337 AS		d. Is 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 CITY HOSPITAL		e. STREET ADDRESS (If rural, give location) 25 100 NO. BROADWAY	
3. NAME OF DECEASED a. (First) TONY (Type or Print)		b. (Middle) J. c. (Last) SCHULTZ	
4. DATE OF DEATH MAY-13-1956 (Month) (Day) (Year)		5. SEX M	
6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH FEB-28-1903		9. AGE (In years last birthday) 53 IF UNDER 1 YEAR: Months 2 Days 15 IF UNDER 12 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) MAINTENANCE		10b. KIND OF BUSINESS OR INDUSTRY HOTEL	
11. BIRTHPLACE (City and State or Foreign Country) ST. LOUIS - MO		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME ANTHONY SCHULTZ		13b. MOTHER'S MAIDEN NAME JOSEPHINE KOWALSKI	
14. NAME OF HUSBAND OR WIFE ESTHER SCHULTZ		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES 1919-1925	
16. SOCIAL SECURITY NO. 499-01-8412		17. INFORMANT'S SIGNATURE OR NAME Mrs. Esther Schultz ADDRESS 100 W. Broadway	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Hemorrhage; Subarachnoid Hemorrhage; DUE TO (b) Multiple Fractures suffered when deceased fell into elevator shaft, at 100 North Broadway, about 700 am. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: _____		INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION May 12 1956		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hotel		21c. (CITY, TOWN, OR TOWNSHIP) St. Louis Mo (COUNTY) _____ (STATE) _____	
21d. TIME OF INJURY May 12 56 7A⁰⁰		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? OOD	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **345 P.** m., from the causes and on the date stated above.

23a. SIGNATURE James M Kelly Deputy		23b. ADDRESS 1300 Clark		23c. DATE SIGNED 5-15-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE MAY-17-1956		24c. NAME OF CEMETERY OR CREMATORY MEMORIAL PARK	
24d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY - MO		25. FUNERAL DIRECTOR'S SIGNATURE J. Earl Smith		ADDRESS 6107 Natural Bridge	

DATE REC'D BY LOCAL REG. **MAY 15 1956**
REGISTRAR'S SIGNATURE **J. Earl Smith**
M. J. A. (Licensed Embalmer's Statement on Reverse Side)

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 *Elton H. Remel*

Licensed Embalmer No. *42*

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.