

25513

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 14 1956

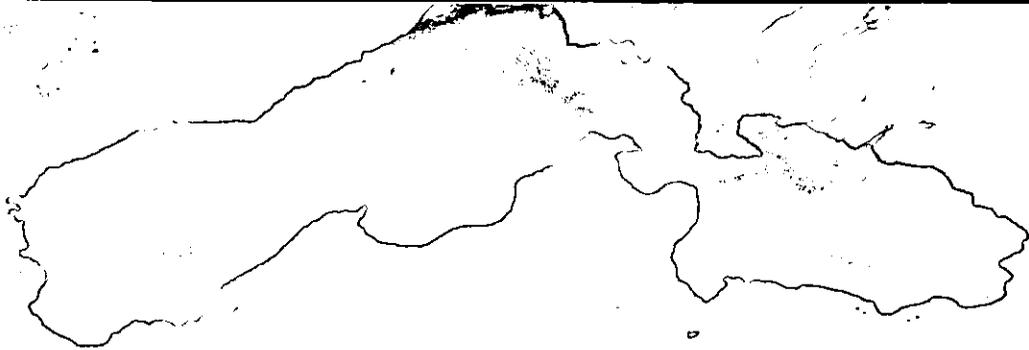
State File No. 1276

5. No. 300
v. 10.48

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

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO. 547		Registrar's No. 1276	
1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis			
b. CITY (If outside corporate limits, write RURAL and give township) Richmond Heights			c. CITY OR TOWN Richmond Heights	d. RESIDENCE WITHIN LIMITS OF A CITY OR INCORPORATED TOWN? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		LENGTH OF STAY (In this place) 3 1/2 yrs	STREET ADDRESS (If rural, give location) 7107 Nashville
d. FULL NAME OF HOSPITAL OR INSTITUTION 7107 Nashville				e. STREET ADDRESS 7107 Nashville			
3. NAME OF DECEASED (Type or Print) a. (First) Harry			b. (Middle) R.		c. (Last) Schulz		4. DATE OF DEATH (Month) (Day) (Year) July 22nd 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Dec. 19th 1892		9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months 7 Days 3 IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Feed-Coal Dealer			10b. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (City and State or Foreign Country) Glendale, Mo.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John Schulz			13b. MOTHER'S MAIDEN NAME Unknown Koebel		14. NAME OF HUSBAND OR WIFE Mary G. Schulz		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None		16. SOCIAL SECURITY NO. 499-36-8810		17. INFORMANT'S SIGNATURE OR NAME Marion McGregor		ADDRESS Above	
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) Possible Cardiac Stenosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Block DUE TO (c) Hypertensive Cardiovascular D. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 4 years Ten weeks
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)		4438	
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?			
22. I hereby certify that I attended the deceased from July 1949, to July 22, 1956 that I last saw the deceased alive on July 5, 1956, and that death occurred at 7 A. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Herbert R. Dowland				23b. ADDRESS 3307 d Jennings Ave		23c. DATE SIGNED 23 July 56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-25-56	24c. NAME OF CEMETERY OR CREMATORY Lakewood Park Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Co. Mo.		
DATE REC'D BY LOCAL REG. 7-24-56		REGISTRAR'S SIGNATURE Herbert R. Dowland		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS JAY B. SMITH, Maplewood, Mo.			

(Licensed Embalmer's Statement on Reverse Side)



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.....
J.P. Burgess

Licensed Embalmer No. *402*

P. O. Address *Maplewood*

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.