

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUL 5 1957

7022878  
STATE FILE NUMBER 5816

Registration District No. 318 Primary Registration District No. 1003 Registrar's No.

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, give TOWNSHIP only) OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN ST. LOUIS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CITY HOSPITAL		Length of stay in 1b 2 DAYS 23 1/2		9-STREET ADDRESS STATE HOSP. 5400 ARSENAL		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last FRANK - SCHULZ				4. DATE OF DEATH Month Day Year JUNE 20 57			
5. SEX M	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 7-14-1892		9. AGE (In years last birthday) 64	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-LABORER		10b. KIND OF BUSINESS OR INDUSTRY BUILDING TRADES		11. BIRTHPLACE (City and state or country) ST. LOUIS MO		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME FRED - SCHULZ				14. MOTHER'S MAIDEN NAME AUGUSTA P. SCHULZ			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address LINUS SCHULZ #3 - ST. MARYS - CT. LADUE - 24 MO			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema; DUE TO (b) Fracture of Left Femur; Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I. Suffered a fall to floor after being pushed by patient of State Hospital about 10:00 am, on June 14							INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> 20b. DESCRIBE HOW INJURY OCCURRED Patient of State Hospital about 10:00 am, on June 14					
20c. TIME OF INJURY Hour a. m. Month, Day, Year 1200 6 14 57 1957		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Hosp 25 St Louis Mo 6400					
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION ST. LOUIS MO 6400					
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at 9:40 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.							19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
22. SIGNATURE J. Carl Smith, M.D. (Degree or title)				22b. ADDRESS 1300 Clark		22c. DATE SIGNED 6/24/57	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 6-24-57		23c. NAME OF CEMETERY OR CREMATORY NEW ST. MARCUS CEM		23d. LOCATION (City, town, or county) (State) ST. LOUIS CO., MO	
24. FUNERAL DIRECTOR JAY-B. SMITH - Maplewood 17 Mo				25. DATE RECD. BY LOCAL REG. JUN 22 57		26. REGISTRAR'S SIGNATURE J. Carl Smith, M.D. S.P.	

(Licensed Embalmer's Statement on Reverse Side)

Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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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.....  
*J. Allen Davis*

Licensed Embalmer No. 46

P. O. Address No.

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