

Health,
& Welfare
S. Public
Health Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42122

STATE FILE NUMBER

FILED NOV 19 1957

Registration District No.

312

Registration District No.

1003

Registrar's No.

10683

S. 300
v. 1-57

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		c. CITY OR TOWN St. Louis	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lutheran Hospital		Length of stay in 1b 31 yrs	
3. NAME OF DECEASED (Type or print) First Middle Last GEORGE FREDERICK HULSCHULZE		4. DATE OF DEATH Month Day Year Nov. 8, 1957	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 22, 1904
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) foreman		10b. KIND OF BUSINESS OR INDUSTRY structural iron	11. BIRTHPLACE (City and state or country) Nienburg, Germany
13a. FATHER'S NAME Henry Hulschulze		13b. MOTHER'S MAIDEN NAME Louise	14. NAME OF HUSBAND OR WIFE Alma Stueven Hulschulze
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 489-03-5301	17. INFORMANT Address Alma Hulschulze, 5325 Blow Street
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) heart failure, congestive Heart Failure, Congestive Arteriosclerotic heart disease arteriosclerotic heart disease DUE TO (b) bronchopneumonia bronchopneumonia DUE TO (c) atelectasis atelectasis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Gastric ulcer diverticuli-duodenum New Gastric Diverticuli Duodenum			INTERVAL BETWEEN ONSET AND DEATH 18 hrs Several yrs. 2 da. 6-7 da.
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 10-29	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE 11-7-57	
21. I attended the deceased from 10:30 AM 29 Nov to 11:00 AM 7 Nov and last saw her alive on November 7 Death occurred at 5:30 PM 8:20 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Name or title) Elbert Cason, M.D.		22b. ADDRESS 4101 Hampton 4101 Hampton Ave	
23a. BURIAL, CREMATION, REMOVAL (Specify) removal		23b. DATE Nov. 11, 1957	
23c. NAME OF CEMETERY OR CREMATORY Our Redeemer Cemetery		23d. LOCATION (City, town, or county) (State) St. Louis County, Missouri	
24. FUNERAL DIRECTOR ADDRESS BEIDERWIEDEN F.H. INC., 1936 St. Louis Ave		25. DATE RECD. BY LOCAL REG. NOV 9 57	
26. REGISTRAR'S SIGNATURE J. Earl Smith, Md WSPR			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Dr. E. Leonard

~~Dr. Parmenter~~ 5209 Chippewa

1-3 6-8

Hampton Bk Bldg

Hampton's Restaurant

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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: _____
ES-01

Licensed Embalmer No. 452
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.