

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-030942

STATE FILE NUMBER

FILED AUG 28 1958

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

7906

300  
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) St. Louis Inside Limits Yes <input 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 14 Jewish Hospital		d. STREET ADDRESS (If outside, give location) 5333 Bartmer Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last HARRY SCHULTZ (Shultz)		4. DATE OF DEATH Month Day Year Aug. 12, 1958	
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH ab. 1887
9. AGE (In years, Months, Days, Hours, Min.) ab 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor	
11. BIRTHPLACE (City and state or country) Russia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME (unk) Schultz		13b. MOTHER'S MAIDEN NAME (unk)	
14. NAME OF HUSBAND OR WIFE Eva		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give weeks of service)	
16. SOCIAL SECURITY NO. 496-36-3865A		17. INFORMANT Mrs. Mildred Cytron Address 534 Warder U. City, 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) <u>acute Hepatic necrosis</u> DUE TO (b) <u>arteriosclerotic Heart Disease</u> DUE TO (c) <u>Emphysema and Cor Pulmonale</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Cardiac insufficiency; myocardial Infarct (1949)</u>			INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>6 mo.</u> <u>years</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		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.) 580X		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.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <u>Sept. 19, 1949</u> to <u>Aug. 12, 1958</u> and last saw him alive on <u>Aug. 12, 1958</u> Death occurred at <u>10:10</u> p. m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Llewellyn Salter M.D.</u> (Degree or title)		22b. ADDRESS <u>100 N. Euclid</u>	
22c. DATE SIGNED <u>8/13/58</u>		23a. BURIAL, CREMATION, REMOVAL (Specify)	
23b. DATE <u>8-14-58</u>		23c. NAME OF CEMETERY OR CREMATORY <u>B' Nai Amoona Cem.</u>	
23d. LOCATION (City, town, or county) <u>Univ. City, Mo.</u>		(State)	
24. FUNERAL DIRECTOR <u>Berger Memorial 4715 McPherson Ave.</u>		25. DATE RECD. BY LOCAL REG. <u>AUG 14 '58</u>	
26. REGISTRAR'S SIGNATURE <u>J. C. Smith M.D.</u>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Corrected by affidavit 9/23/58

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.

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. De...*

Licensed Embalmer No. 3988

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.