

Health,
& Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-034680
STATE FILE NUMBER

7 OCT 14 1958 Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9214

300
1-57

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institutional: Residence before admission) a. STATE Mo. <i>4336</i> b. COUNTY <i>St. Louis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>University City</i> Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>24 Childrens Hosp.</i>		Length of stay in lb <i>6 yrs.</i>	d. STREET ADDRESS (If outside, give location) <i>27 6909 Washington</i> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <i>HAROLD</i> Middle <i>SHERMAN</i> Last <i>SCHULTZ</i>			4. DATE OF DEATH Month <i>Sept.</i> Day <i>24</i> Year <i>1958</i>		
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Oct. 22, 1951</i>	9. AGE (In years 6 th birthday) Months Days Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Student</i>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>St. Louis, Mo.</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
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13a. FATHER'S NAME <i>Dr. Samuel Schultz</i>	13b. MOTHER'S MAIDEN NAME <i>Evelyn Zuckerman</i>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service) <i>No</i>	16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT <i>Dr. Samuel Schultz</i>	Address <i>6909 Washington</i>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Internal Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH
DUE TO (b) <i>Ruptured Spleen;</i>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>suffered when struck by</i>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in PART I or PART II of item 18) <i>Car operated by one, Capt. Fredell, on Big Bend Blvd., near Washington</i>
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20c. TIME OF INJURY <i>3:30 p.m.</i>	Month, Day, Year <i>9 23 58</i>
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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.) <i>27 Street</i>	20f. CITY, TOWN, OR LOCATION, COUNTY, STATE <i>University City Mo.</i>
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21. I attended the deceased from _____ to _____ and last saw her/him alive on _____
Death occurred at *1:00* A. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Regina Zuckerman</i>	22b. ADDRESS <i>1200 Clark</i>	22c. DATE SIGNED <i>9/25/58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Rem.</i>	23b. DATE <i>9/25/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Chevre Kadisha</i>	23d. LOCATION (City, town, or county) (State) <i>University City, Mo.</i>
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24. FUNERAL DIRECTOR <i>Berger Memorial 4715 McPherson</i>	25. DATE RECD. BY LOCAL REG. <i>SEP 25 58</i>	26. REGISTRAR'S SIGNATURE <i>Carl Smith MO</i>
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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.

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 _____

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.