

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-042610  
STATE FILE NUMBER

FILED NOV 17 1958 Registration District No. 312 Primary Registration District No. 542 Registrar's No. 2265

300  
1-57

1. PLACE OF DEATH a. COUNTY <b>St. Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Ferguson</b>		c. CITY OR TOWN <b>Ferguson 4009</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>831 Deandell Court</b>		d. STREET ADDRESS (If outside, give location) <b>831 Deandell Court</b>	
Length of stay in lb <b>1 year</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Edward</b> Middle <b>M</b> Last <b>Schultz, Jr</b>			4. DATE OF DEATH Month <b>October</b> Day <b>28</b> Year <b>1958</b>		
---	--	--	---	--	--

5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Jan. 12, 1921</b>	9. AGE (In years last birthday) <b>37</b>	FUNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
-----------------------	----------------------------------	---	--	--	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Engineer (Electronics)</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Emerson Electric Co</b>	11. BIRTHPLACE (City and state or country) <b>St. Louis, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
--	---	--	--

13a. FATHER'S NAME <b>Edward M. Schultz, Sr</b>	13b. MOTHER'S MAIDEN NAME <b>Florence A. Schmelzer</b>	14. NAME OF HUSBAND OR WIFE <b>Never Married</b>
--	---	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> or unknown <input type="checkbox"/> ) <b>NO</b>	16. SOCIAL SECURITY NO. <b>491-16-8987</b>	17. INFORMANT <b>Edward M. Schultz, Sr.,</b> Address <b>831 Deandell Court</b>
---	---	---

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Carcinoma, metastatic lower bowel.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 months.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Massive infiltration liver &amp; spleen. (ascitic).</b>		<b>2 months.</b>
DUE TO (c) <b>assoc. with Bulbar polyps &amp; Potts disease.</b>		<b>25 yrs ago</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>(c) It was probably sensitized to disease by (c) above.</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---	--	---

20a. ACCIDENT <input 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.) <b>153.8C</b>
20c. TIME OF INJURY Hour <b>—</b> Month <b>—</b> Day <b>—</b> Year <b>—</b> a.m. <b>—</b> p.m. <b>—</b>	

20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>—</b>	20f. CITY, TOWN, OR LOCATION <b>—</b>	COUNTY <b>—</b> STATE <b>—</b>
---	--	--	--------------------------------

21. I attended the deceased from <b>Jan 28 1957</b> to <b>Oct 28 1958</b> and last saw him alive on <b>Oct. 21, 1958.</b> Death occurred at <b>10:15 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.
---

22a. SIGNATURE <b>Barney W. Hinkel, M.D.</b> (Degree or title)	22b. ADDRESS <b>6508 W. Harrison Ave</b>	22c. DATE SIGNED <b>10/29/58.</b>
---	---	--------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct 31 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	23d. LOCATION (City, town, or county) <b>St. Louis County, Missouri</b>
--	---------------------------------	---	--

24. FUNERAL DIRECTOR <b>Math Hermann &amp; Son, Inc.,</b> ADDRESS <b>2161 E. Fair</b>	25. DATE RECD. BY LOCAL REG. <b>10-29-58</b>	26. REGISTRAR'S SIGNATURE <b>Herbert B. Danks M.D.</b>
--	---	---

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Hubert G. Burnley* .....  
Licensed Embalmer No. *4282* .....  
P. O. Address *St. Louis, Mo.* .....

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.