

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-004215

FILED VS JAN 16 1961
AMENDED

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 64

STATE FILE NUMBER

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

| | | | | | | | |
|---|--|---|--|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY St. Louis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY St. Louis | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Affton | | | Length of stay in lb YRS. | | c. CITY OR TOWN Affton | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7120 Hosmer | | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 7120 Hosmer | |
| 3. NAME OF DECEASED (Type or print) First WILLIAM Middle J Last SCHULTZ | | | | 4. DATE OF DEATH Month January Day 7 Year 1961 | | | |
| 5. SEX male | | 6. COLOR OR RACE white | | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 2/4/1879 | |
| 9. AGE (last birthday) 81 | | IF UNDER 1 YEAR Months Days Hours Min. | | IF UNDER 24 HR Hours Min. | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer | | | 10b. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (City and state or country) Ruma, Illinois | |
| 12. CITIZEN OF WHAT COUNTRY USA | | | 13a. FATHER'S NAME Frederick Schultz | | 13b. MOTHER'S MAIDEN NAME Wilhelmine Heinks | | 14. NAME OF HUSBAND OR WIFE none |
| 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. | | 17. INFORMANT Roy Kaufmann | | Address 7120 Hosmer |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY OCCLUSION | | | | | | | INTERVAL BETWEEN ONSET AND DEATH 1 Hour |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) THROMBOSIS OF CORONARY ARTERY | | | | | | | 1 Hour |
| DUE TO (c) CORONARY ATHEROSCLEROSIS | | | | | | | ? |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) HYPERTENSIVE CARDIOVASCULAR DISEASE | | | | | | PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | |
| 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.) | | | |
| 20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year | | 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 AUG. 2 1958 to JAN. 7, 1961 and last saw him alive on DEC. 10, 1960 Death occurred at 10:45 AM on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE (Degree or title) Thomas K. Henschel, M.D. | | | | 22b. ADDRESS 4401 Hampton Cir | | 22c. DATE SIGNED 1/9/61 | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 23b. DATE 1/9/1961 | | 23c. NAME OF CEMETERY OR CREMATORY New St Marcus Cemetery | | 23d. LOCATION (City, town, or county) (State) St. Louis County, Mo. | |
| 24. FUNERAL DIRECTOR ADDRESS John L Ziegenhein & Sons 7027 Gravois | | | | 25. DATE RECD. BY LOCAL REG. 1-9-61 | | 26. REGISTRAR'S SIGNATURE John G. Murphy M.D. | |

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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7027 Gravel

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.