

ED APR 7 1961

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2867 STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

DOCUMENT

ITEM NO. SHOULD READ

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>				Length of stay in 1b		c. CITY OR TOWN <i>St. Louis</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Home Phillippe</i>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>5348 Lepton Ave</i>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		5. Year	
First <i>William W. Schulze</i>				Middle		Last	
5. SEX <i>male</i>				6. COLOR OR RACE <i>white</i>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	
8. DATE OF BIRTH <i>12/19/1901</i>				9. AGE (last birthday) <i>59</i>		IF UNDER 1 YEAR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Greenhouse business</i>				10b. KIND OF BUSINESS OR INDUSTRY <i>Greenery and plants</i>		11. BIRTHPLACE (City and state or country) <i>Hilda Texas</i>	
12. CITIZEN OF WHAT COUNTRY <i>USA</i>				13a. FATHER'S NAME <i>Gustav Schulze</i>		13b. MOTHER'S MAIDEN NAME <i>unknown</i>	
14. NAME OF HUSBAND OR WIFE <i>Mildred Schulze</i>				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. INFORMANT <i>Russell Paul</i>				17. ADDRESS <i>1565 Canton Ave.</i>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:						INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <i>Sunshot wound of chest, suffered when shot</i>							
DUE TO (b) <i>with gun in the hands of party or parties unknown, in store at 532 N. Taylor, about 7:30 P.M., March 20, 1961</i>							
DUE TO (c) <i>HOMICIDE</i>							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>981 X</i>						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 checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>See above</i>			
20c. TIME OF INJURY <i>7:30 p.m.</i>		Month, Day, Year <i>3-25-61</i>					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>store</i>		20f. CITY, TOWN, OR LOCATION <i>St. Louis, Mo.</i>		COUNTY STATE	
21. I attended the deceased from <i>9:05 P.</i> to <i>9:05 P.</i> and last saw her alive on <i>the date stated above, and to the best of my knowledge, from the causes stated.</i>							
22a. SIGNATURE <i>John M. Green Deputy Coroner</i>				22b. ADDRESS <i>1300 Clark</i>		22c. DATE SIGNED <i>MAR 27 1961</i>	
23a. BURIAL CREMATION, REMOVAL (Specify) <i>burial</i>		23b. DATE <i>3/28/61</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove Cemetery</i>		23d. LOCATION (City, town, or county) <i>St. Louis County</i>	
24. FUNERAL DIRECTOR <i>Bull Campbell</i>				25. DATE RECD. BY LOCAL REG. <i>MAR 27 1961</i>		26. REGISTRAR'S SIGNATURE <i>Loan Smith, M.D., Mgr.</i>	

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

Edward J. Haines

Licensed Embalmer No. 4108

P. O. Address Haines 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.