MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-62-022817
STATE FILE NUMBER

Registration District No. 142 Primary Registration District No. 0336 Registrar's No. 26

FILED JUN 18 1962

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0460
2 2039½
3
4 0
5 1
6
7 2
8 0
9 X
10
11 046
12 2-0
13 2-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF | DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Goldsberry — Length of stay in 1b
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Francis Hospital — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: St./Louis
c. CITY OR TOWN: St. Louis — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 4206 McCausland — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Irving — Middle — Last Schultz
4. DATE OF DEATH: Month June — Day 8 — Year 1962
5. SEX: M.
6. COLOR OR RACE: W.
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/7/1899
9. AGE (last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Presser in cleaner
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Maldavia, Russia
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Joseph Holitz
13b. MOTHER'S MAIDEN NAME: Gussie Unknown
14. NAME OF HUSBAND OR WIFE: Martha Schultz
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Yes
17. INFORMANT: Martha Schultz — Address: St. Louis, Mo 4206 McCausland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Fractured skull (Frontal & basilar)
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): trauma
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Head on collusion c̄ truck & auto
20c. TIME OF INJURY: About 1 Hour a.m. p.m. Month, Day, Year June 8, 62 — lived about 20 minutes
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): N.W. 6026 Mi W.
20f. CITY, TOWN, OR LOCATION: Mtn View — COUNTY: Howell — STATE: Mo.

21. I attended the deceased from June 8 to June 8 and last saw her/him alive on June 8
Death occurred at June 8, 1962 on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): M. C. Walton M.D.
22b. ADDRESS: Mt. View, Mo.
22c. DATE SIGNED: 6-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6/11/62
23c. NAME OF CEMETERY OR CREMATORY: National Cemetery
23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR — ADDRESS: Duncan Funeral Home Mtn. View, Mo.
25. DATE RECD. BY LOCAL REG.: 6-12-62
26. REGISTRAR'S SIGNATURE: Louisa Mitchell

(Licensed Embalmer's Statement on Reverse Side)

JUN 19 1962

VS JUL 13 1962

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_____ Signed Charles D. Carlson
Signature of Student Embalmer

Licensed Embalmer No. 5107

P. O. Address Mexico 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.

Sent to Dr. 6/9/62 Rec'd from Dr. 6/9/62 Sent to Local Reg. 6/9/62