

FILED SEP 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 28770

BIRTH NO. _____ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 3068 Registrar's No. 2020

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Saint Louis	
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Maplewood		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Maplewood	
d. FULL NAME OF HOSPITAL OR INSTITUTION 7312 Elm Avenue		d. STREET ADDRESS (If rural, give location) 7312 Elm Avenue	
3. NAME OF DECEASED (Type or Print) a. (First) Lulu		b. (Middle) May	
		c. (Last) Schultz	
		4. DATE OF DEATH (Month) (Day) (Year) August 20 1949	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH June 2, 1868
9. AGE (In years last birthday) 81		10. KIND OF BUSINESS OR INDUSTRY home	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		11. BIRTHPLACE (State or foreign country) Fanning, Missouri	
13a. FATHER'S NAME Perry Cranmer		13b. MOTHER'S MAIDEN NAME Lucinda Rowes	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME Roy A. Schultz		ADDRESS 7312 Elm Avenue Maplewood	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY SCLEROSIS ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) GENERAL ARTERIOSCLEROSIS DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. CHRONIC RHEUMATIC ARTHRITIS	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
19c. INTERVAL BETWEEN ONSET AND DEATH 2 Hours		19d. YEARS 4500	
19e. YEARS years		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from July 18, 1949 , to 8-20-49 , 19____, that I last saw the deceased alive on August 20, 1949 , and that death occurred at 12:30Pm. , from the causes and on the date stated above.			
23a. SIGNATURE Vincent F Townsend M.D.		23b. ADDRESS 3101a Sutton, Maplewood	
23c. DATE SIGNED 8-20-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-22-49	
24c. NAME OF CEMETERY OR CREMATORY United Presbyterian Cem.		24d. LOCATION (City, town, or county) (State) Cuba, Missouri	
DATE REC'D BY LOCAL REG. 8-22-49		REGISTRAR'S SIGNATURE Robert K. Moseley, M.D.	
25. FUNERAL DIRECTOR'S SIGNATURE Ambruster Mortuary		ADDRESS 6633 Clayton Rd.	

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

M-54

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 _____
Student Embalmer

Signed _____

Ernest W. Spillers

Licensed Embalmer No. *4080*

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 this body is not embalmed, fact should be so stated above.