

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED DEC 1 1949

State File No. 10040  
Registrar's No. 10040

318

1003

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		State File No. 10040		Registrar's No. 10040			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>MO.</u>							
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>ST. LOUIS</u>		d. STREET ADDRESS (If rural, give location)		17 9 d			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. ANTHONY HOSPITAL</u>				d. STREET ADDRESS <u>3616 CLEVELAND</u>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>CECELIA</u>			b. (Middle)			c. (Last) <u>SCHULZ</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 22-1949</u>		
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JULY-9-1890</u>		9. AGE (in years last birthday) <u>59 YRS</u>		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEKEEPER</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>OWN.</u>		11. BIRTHPLACE (State or foreign country) <u>Griggville Illinois</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>A.E. Tootle</u>				13b. MOTHER'S MAIDEN NAME <u>Dora WARREN</u>				14. NAME OF HUSBAND OR WIFE <u>Arthur E. Schulz</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Arthur C. Schulz 3616 Cleveland</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cirrhosis of Liver</u>								<u>5 mos.</u>	
		ANTECEDENT CAUSES								?	
		<p>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) <u>Esophogeal Varices</u></p> <p>DUE TO (c) <u>Mitral Stenosis</u></p>								?	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.											
19a. DATE OF OPERATION <u>11/17/49</u>		19b. MAJOR FINDINGS OF OPERATION <u>Ascites - Cirrhosis of Liver</u>								20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21d. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			<u>12th</u>			
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?			<u>5810</u>			
22. I hereby certify that I attended the deceased from <u>10/24</u> , 19 <u>49</u> , to <u>11/22</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11/21</u> , 19 <u>49</u> , and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.											
23a. SIGNATURE <u>W. Keupman MD</u>				23b. ADDRESS <u>7430 Virginia Ave</u>				23c. DATE SIGNED <u>11/22/49</u>			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Nov 24-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GRIGGSVILLE ILLINOIS</u>			24d. LOCATION (City, town, or county) (State) <u>ILLINOIS</u>				
DATE REC'D BY LOCAL REG. <u>NOV 22 1949</u>		REGISTRAR'S SIGNATURE <u>J. B. Insater</u>				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E. J. Schum 3125 LAFAYETTE AVE</u>					

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

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
*Joseph Vollmer*

Signed.....

Student Embalmer

Licensed Embalmer No. *4014*

P. O. Address *3125 Dupuy St*

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.