

FILED DEC 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **42950**  
**10654**  
 Registrar's No. \_\_\_\_\_

|  |  |  |   |   |  |   |  |
|--|--|--|---|---|--|---|--|
| BIRTH NO. _____  |  | REG. DIST. NO. <b>318</b>  |   | PRIMARY REG. DIST. NO. <b>1003</b>  |  | Registrar's No. _____   |  |
| 1. PLACE OF DEATH<br>a. COUNTY _____   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b><br>b. COUNTY _____ |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>St. Louis, Missouri</b> )  |  | c. LENGTH OF STAY (In this place) <b>11 days</b>   |   | c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Louis</b>   |  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Barnes Hospital</b>   |  |  |   | d. STREET ADDRESS (If rural, give location) <b>1421 Walton Ave.</b>   |  |   |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <b>Gustav</b>  |  | b. (Middle) <b>Edward</b>  |   | c. (Last) <b>Schulz</b>   |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><b>Dec. 11 1949</b>                        |  |
| 5. SEX <b>male</b>   |  | 6. COLOR OR RACE <b>white</b>  |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>single</b>  |  | 8. DATE OF BIRTH <b>April 23, 1889</b>  |  |
| 9. AGE (In years, lay birthday) <b>60</b>  |  | IF UNDER 1 YEAR Months _____ Days _____  |   | IF UNDER 24 HRS. Hours _____ Min. _____   |  |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Clerk</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY <b>Dry Goods</b>   |   | 11. BIRTHPLACE (State or foreign country) <b>St. Louis, Mo.</b>   |  | 12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME <b>Edward F. Schulz</b>   |  |  | 13b. MOTHER'S MAIDEN NAME <b>Julia Pfeiffer</b> |   |  | 14. NAME OF HUSBAND OR WIFE _____   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>  |  | 16. SOCIAL SECURITY (If yes, give war or dates of service) <b>489-05-1151</b>  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Dorothy Mahon - 1421 Walton</b>   |  |   |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>                               |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lymphosarcoma</b><br><br>ANTECEDENT CAUSES<br><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i><br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <b>Anemia, bleeding hemorrhoids, pleural effusion, right.</b> |   |   |  | INTERVAL BETWEEN ONSET AND DEATH <b>9 mo.</b>                                       |  |
| 19a. DATE OF OPERATION <b>12/1/49</b>  |  | 19b. MAJOR FINDINGS OF OPERATION <b>Hemorrhoids.</b>   |   |   |  | 20. AUTOPSY?<br>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) <b>55</b>   |  |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____  |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |   | 21f. HOW DID INJURY OCCUR? <b>1981</b>  |  |   |  |
| 22. I hereby certify that I attended the deceased from <b>Nov. 30, 1949</b> , to <b>Dec. 11, 1949</b> , that I last saw the deceased alive on <b>Dec. 11, 1949</b> , and that death occurred at <b>10:15A m.</b> , from the causes and on the date stated above. |  |  |   |   |  |   |  |
| 23a. SIGNATURE (Degree or title) <b>Richard M. Peter M.D.</b>  |  |  |   | 23b. ADDRESS <b>Barnes Hospital,</b>  |  | 23c. DATE SIGNED <b>12/11/49</b>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>cremation</b>   |  | 24b. DATE <b>12/14/49</b>  |   | 24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Crematory</b>  |  | 24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>          |  |
| DATE RECEIVED BY DOCTOR REG. <b>DEC 12 1949</b>  |  | REGISTRAR'S SIGNATURE <b>J. B. Janssen</b>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Drehmann-Harral - 1905 Union Blvd.</b>  |  |   |  |

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed

*Albert R Thompson*

Licensed Embalmer No. *42137*

P. O. Address *St Louis 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 this body is not embalmed, fact should be so stated above.