No. 300
10.48

FILED OCT 23 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35592

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 8979

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis
c. LENGTH OF STAY (in this place) 4 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) De Paul Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Louis 2079
d. STREET ADDRESS (If rural, give location) St. Mary-Emmerson-Harney

3. NAME OF DECEASED (Type or Print) a. (First) St Placida b. (Middle) Catharine c. (Last) Schultz

4. DATE OF DEATH (Month) (Day) (Year) Oct 10 1951

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH 12-15-1872
9. AGE (In years last birthday) 78 | 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) Religious
10b. KIND OF BUSINESS OR INDUSTRY Sister of Charity
11. BIRTHPLACE (State or foreign country) New Orleans LA
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Jacob Schultz
13b. MOTHER'S MAIDEN NAME Catherine Bulling
14. NAME OF HUSBAND OR WIFE None

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 Sister Roscann ADDRESS 5341 Emerson

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Haemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 Week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive Heart Failure — 1 Week
DUE TO (c) Hypertension — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arterio Sclerosis — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 331X

22. *I hereby certify that I attended the deceased from* Jan 10, 1941, *to* Oct 10, 1951, *that I last saw the deceased alive on* Oct 9, 1951, *and that death occurred at* 4 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Edw. G. Beddy (Degree or title) MD
23b. ADDRESS 607 No Grand Blvd
23c. DATE SIGNED 10/11/51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10-12-51
24c. NAME OF CEMETERY OR CREMATORY Calvary
24d. LOCATION (City, town, or county) St. Louis (State) Mo

DATE REC'D BY LOCAL REG. OCT 11 1951
REGISTRAR'S SIGNATURE J. Earl Smith MD
25. FUNERAL DIRECTOR'S SIGNATURE Cullen-Kelly ADDRESS 4086 Lindell

(Licensed Embalmer's Statement on Reverse Side)

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 James A. Lammers

Licensed Embalmer No. 4142

P. O. Address St. Louis

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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