

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

11260

State File No. ....

FILED MAR 19 1952

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>6076</u>		Registrar's No. <u>210</u>		
1. PLACE OF DEATH a. COUNTY <u>ST. LOUIS,</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. LOUIS,</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>PINE LAWN</u>		c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>PINE LAWN</u>		<u>4161</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>3535 ARDEN AVE</u>				d. STREET ADDRESS (If rural, give location) <u>16 3535 ARDEN AVE</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>R.</u> c. (Last) <u>SCHULTZ</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN, 23, 1952</u>					
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>7/10/1898</u>		9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months Days	IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MANAGER</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>ST. LOUIS MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>RUDOLPH SCHULTZ.</u>			13b. MOTHER'S MAIDEN NAME <u>AUGUSTA BURRICHTER</u>		14. NAME OF HUSBAND OR WIFE <u>CECELIA SCHULTZ</u>			
15. WAS DECEASED, EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>			16. SOCIAL SECURITY NO. <u>#</u>	17. INFORMANT'S SIGNATURE OR NAME <u>CECELIA SCHULTZ</u>				ADDRESS <u>3535 ARDEN AVE</u>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Endocarditis</u> <u>Myocarditis of Heart</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____					INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u> <u>3 hrs</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>								
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>42.4</u>						
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>HOMICIDE</u>		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.) <u>2</u>		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 <u>1-21, 1952</u> , to <u>1-23, 1952</u> , that I last saw the deceased alive on <u>1-23, 1952</u> , and that death occurred at <u>9 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>D. J. Seigel M.D.</u>				23b. ADDRESS <u>1878 Madison</u>		23c. DATE SIGNED <u>1-27-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1/28/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CALVARY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>ST. LOUIS, MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>1-25-52</u>		REGISTRAR'S SIGNATURE <u>Herbert R. Dombk, MD</u> <u>SC</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>STROOT - CARROLL 4600 NATURAL BRIDGE AVE</u>				

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

4000

*On Strayed  
1975 Madison  
ce 2063*

**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.....  
Student Embalmer

Signed *Albert Mayfield*

Licensed Embalmer No. *3077*

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.