

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18496**
Registrar's No. **4668**

JUN 6 1952

REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2059	
d. FULL NAME OF HOSPITAL OR INSTITUTION 5602 Enright, Apt. 204		d. STREET ADDRESS (If rural, give location) 5602 Enright, Apt. 204	

3. NAME OF DECEASED (Type or Print) GUSATZ			a. (First)		b. (Middle)		c. (Last) SCHATZ		4. DATE OF DEATH (Month) (Day) (Year) May 20, 1952				
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 6/25/1897		9. AGE (In years last birthday) 54		10. IF UNDER 1 YEAR: Months Days		11. IF UNDER 18 Hrs. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant				10b. KIND OF BUSINESS OR INDUSTRY Cotton Belt R.R.				11. BIRTHPLACE (City and State or Foreign Country) Sullivan, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME John Schatz			13b. MOTHER'S MAIDEN NAME Anna Binsbacher			14. NAME OF HUSBAND OR WIFE Grace		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W. I		16. SOCIAL SECURITY NO. 499-01-3181		17. INFORMANT'S SIGNATURE OR NAME Grace Schatz, 5602 Enright, Apt. 204		ADDRESS	
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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) Myocardial failure						INTERVAL BETWEEN ONSET AND DEATH 2 wks	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Myocardial infarct		DUE TO (c) Coronary disease				6 wks	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		Prev. infarction						3 yrs.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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? 4201	
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22. I hereby certify that I attended the deceased from **1949**, 19, to **May 20, 1952**, that I last saw the deceased alive on **May 20, 1952**, and that death occurred at **7:30 A** m., from the causes and on the date stated above.

23a. SIGNATURE R. B. [Signature] M.D. (Degree or title)		23b. ADDRESS 5427 Delmar Blvd		23c. DATE SIGNED 5.20.52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) removal		24b. DATE 5/22/52		24c. NAME OF CEMETERY OR CREMATORY Lake Charles Cem.		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.	
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DATE REC'D BY LOCAL REG. MAY 20 1952		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE Alexander & Sons, 6175 Delmar		ADDRESS	
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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 Gas. E. McCulloch

Licensed Embalmer No. 2460

P. O. Address 6175 Dillman

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.