

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18521

State File No. 4124
Registrar's No. 1003

MAY 19 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 admission) 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 2239	
c. LENGTH OF STAY (in this place) 1 Day		d. STREET ADDRESS (If rural, give location) 1822 Iowa 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lutheran Hospital		e. STREET ADDRESS 1822 Iowa	

3. NAME OF DECEASED (Type or Print) Katherine Schulz			4. DATE OF DEATH (Month) (Day) (Year) 5 - 1 - 52		
5. SEX Fem	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH 11 - 23 - 1881		9. AGE (In years last birthday) 70
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Chester, Illinois	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME William Allmeyer		13b. MOTHER'S MAIDEN NAME Wilhelmina Wagner		14. NAME OF HUSBAND OR WIFE Edward L. Schulz	
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 Mrs. Richard Leaver Imperial Dr. ADDRESS 0573	

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cardiac Thrombosis</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Diabetes mellitus</i> DUE TO (c) <i>Mellitus</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Rheumatoid arthritis</i>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input 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.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>260X</i>

22. I hereby certify that I attended the deceased from *4/25, 1952* to *5/1, 1952*, that I last saw the deceased alive on *5/1, 1952* and that death occurred at *8:55 P.M.*, from the causes and on the date stated above.

23a. SIGNATURE <i>W. C. Hauer MD</i> (Degree or title)	23b. ADDRESS <i>3012 Lafayette</i>	23c. DATE SIGNED <i>5/5</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE <i>5 - 5 - 52</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Sunset Burial Park</i>
24d. LOCATION (City, town, or county) <i>St. Louis County</i>		24e. STATE <i>Mo.</i>

25. FUNERAL DIRECTOR'S SIGNATURE <i>J. Earl Smith, D.D., R.D.</i>	ADDRESS <i>Drehmann-Harral 1905 Union Blvd.</i>
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(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Otto Hanser
3012 Lafayette Ave.

10AM - 1PM

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. 4237

P. O. Address St Louis

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.