

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **26317****6605****FILED JUL 22 1952****318**PRIMARY REG. DIST. NO. **1003**

Registrar's No.

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.		
1. PLACE OF DEATH a. COUNTY <i>St. Louis Mo.</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY				
b. CITY OR TOWN <i>St. Louis</i>		c. LENGTH OF STAY (In this place) <i>62 yrs.</i>		c. CITY OR TOWN <i>St. Louis</i>		2089		
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1633 Veronica Ave.</i>				d. STREET ADDRESS (If rural, give location) <i>8 1633 Veronica Ave</i>				
3. NAME OF DECEASED (Type or Print) <i>John</i>		a. (First)		b. (Middle)		c. (Last) <i>Schultz</i>		
4. DATE OF DEATH		(Month) <i>July</i>		(Day) <i>7,</i>		(Year) <i>1952.</i>		
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>10-17-81.</i>		
9. AGE (In years last birthday) <i>70.</i>		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 24 HRS. Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Manufacturing man.</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Chemical</i>			11. BIRTHPLACE (State or foreign country) <i>Germany</i>		
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13a. FATHER'S NAME <i>Carl Henry Schultz</i>		13b. MOTHER'S MAIDEN NAME <i>unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Clara M. Schultz</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <i>488-09-7421</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>A Mrs. Clara M. Schultz 1633 Veronica</i>				
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) <i>Myocardial Infarction</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension (Hemiplegia)</i> DUE TO (c) <i>Hypertension</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>593x</i>				
22. I hereby certify that I attended the deceased from <i>May 1st, 1943,</i> to <i>July 3rd, 1952,</i> that I last saw the deceased alive on <i>July 3rd, 1952,</i> and that death occurred at <i>6 p. m.,</i> from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <i>Mrs. S. Antonine M. Co. U</i>				23b. ADDRESS <i>3903 Olive St.</i>		23c. DATE SIGNED <i>7-7-52.</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		24b. DATE <i>7-10-52.</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St. Peters Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>St. Louis Co., Missouri.</i>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>JUL 8 1952</i>		REGISTRAR'S SIGNATURE <i>Carl Smith MA</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Math Hermann & Son, Inc. 2161 E. Fair Ave.</i>				

(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 Homer W. Fritz

Licensed Embalmer No. 3882

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.