

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30016

State File No. _____

FILED AUG 15 1952

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 7185			
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri				b. COUNTY 2159	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN St. Louis, Mo.)		c. LENGTH OF STAY (in this place) 12 days		c. CITY (If outside corporate limits, write RURAL and give township) 0		d. STREET ADDRESS (If rural, give location) 15 540 a Eiler St.			
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital				3. NAME OF DECEASED a. (First) LUCILLE S.				b. (Middle) S.	
				c. (Last) SCHULZ		4. DATE OF DEATH (Month) (Day) (Year) July 26, 1952			
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, married (Specify)		8. DATE OF BIRTH July 31, 1917			
9. AGE (In years last birthday) 34		IF UNDER 1 YEAR Months _____		IF UNDER 24 HRS. Hours _____		Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home			10b. KIND OF BUSINESS OR INDUSTRY none			11. BIRTHPLACE (City and State or Foreign Country) Ulysses, Penn.			
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME James Hosley		13b. MOTHER'S MAIDEN NAME May Savey		14. NAME OF HUSBAND OR WIFE Harold W. Schulz		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____			16. SOCIAL SECURITY NO. 182-01-0149		17. INFORMANT'S SIGNATURE OR NAME Harold W. Schulz, 540a Eiler St.			ADDRESS _____	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Breast E ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Metastasis to Brain DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 3 yrs.	
19a. DATE OF OPERATION 24 July 52		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) _____			
		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 170X					
22. I hereby certify that I attended the deceased from 7-20, 1952 to 7-25, 1952 , that I last saw the deceased alive on 7-25, 1952 and that death occurred at 1:30 Am. , from the causes and on the date stated above.									
23a. SIGNATURE R. W. Savelley (Degree or title) _____				23b. ADDRESS W. Hampton Village Plaza			23c. DATE SIGNED 9-26-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) 4		24b. DATE July 28, 1952		24c. NAME OF CEMETERY OR CREMATORY New St. Marcus		24d. LOCATION (City, town, or county) (State) St. Louis County, Mo.			
DATE REC'D BY LOCAL REG. JUL 28 1952		REGISTRAR'S SIGNATURE J. Earl Smith, M.D.		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Beiderwieden F. H. Inc., 1936 St. Louis Ave					

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

Dr. Robt D. Woolsey
16 Hampton Village

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 Delis J. Krupin

Licensed Embalmer No. 3497

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.