

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **6330**  
Registrar's No. **1150**

FILED MAR 13 1953  
BIRTH NO. \_\_\_\_\_

REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>1 1/2 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		d. STREET ADDRESS (If rural, give location) <b>5050 Oak Twin Oaks</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Menorah Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>5050 Oak Twin Oaks</b>		
3. NAME OF DECEASED (Type or Print) <b>EDITH</b>		a. (First)	b. (Middle) <b>L.</b>	c. (Last) <b>STULZ</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>2-21-53</b>
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>May 22, 1892</b>	9. AGE (In years last birthday) <b>60</b>	10. MONTHS <b>6</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At Home</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>Kentucky</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Issac Levy</b>		13b. MOTHER'S MAIDEN NAME <b>Betty Stern</b>		14. NAME OF HUSBAND OR WIFE <b>Rudolph Stulz</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Alois Stulz</b>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Myocardial Infarction</b>					<b>2 weeks</b>
ANTECEDENT CAUSES		DUE TO (b) <b>Acute Coronary Thrombosis</b>			<b>2 weeks</b>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>Hypertensive Heart Disease</b>			<b>3 years</b>
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death. <b>Carcinoma of Gall Bladder</b>			<b>6 mths. 20 years</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>cholelithiasis</b>			20. AUTOPSY? YES <input checked="" 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)		<b>4201 H</b>
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?		
22. I hereby certify that I attended the deceased from <b>Feb 1950</b> , to <b>Feb 21, 1953</b> , that I last saw the deceased alive on <b>Feb 21, 1953</b> , and that death occurred at <b>8:10 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Jack W. Wolf</b>		(Degree or title) <b>M.P.D.</b>	23b. ADDRESS <b>206 Royal Bldg Kansas City, Mo</b>		23c. DATE SIGNED <b>Feb 23-53</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-23-53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>ROSE HILL</b>		24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>2-24-53</b>	REGISTRAR'S SIGNATURE <b>Geraldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>STINE-McCLURE</b>		ADDRESS <b>K.C. MO.</b>

Dr. Jack Wolf  
206 Argyle Bldg.  
Rm. 2713

MAR 20 1952  
after 2:30

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 Gerald A. Burger

Licensed Embalmer No. 4763

P. O. Address Kansas City, 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.