

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

6492

State File No. ....

1376

FILED MAR 4 1955

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

Registrar's No. ....

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri		b. COUNTY St. Louis 4346	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN University City 34	
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION Deaconess Hospital		e. STREET ADDRESS (If rural, give location) 7379 Pershing Ave			

3. NAME OF DECEASED (Type or Print) EMMA		a. (First)	b. (Middle)	c. (Last) SCHULTZ	4. DATE OF DEATH (Month) (Day) (Year) Feb 13 1955
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH April 19, 1870	9. AGE (in years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home	10b. KIND OF BUSINESS OR INDUSTRY housewife	11. BIRTHPLACE (City and State or Foreign Country) Danville, Illinois /	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Zuhn	13b. MOTHER'S MAIDEN NAME Sophie	14. NAME OF HUSBAND OR WIFE unk	Charles F. Schultz
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Miss Norma Schultz	ADDRESS 7379 Pershing
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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) Arterial Sclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 5 years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Carcinoma of Sigmoid Colon with Fistula on Abdominal Wall.		4 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	General Senility. Arterial Sclerosis		5 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION no 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? 153X
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22. I hereby certify that I attended the deceased from Dec 27, 1954, to Feb 13, 1955, that I last saw the deceased alive on Feb 13, 1955, and that death occurred at 7:30P m., from the causes and on the date stated above.

23a. SIGNATURE Mrs J Norton M.D.	(Degree or title)	23b. ADDRESS 634 No. Grand - St Louis, Mo	23c. DATE SIGNED 2-14-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 2/16/1955	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) St. Louis Co., Missouri
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DATE REC'D BY LOCAL REG. FEB 14 1955	REGISTRAR'S SIGNATURE J. Carl Smith, M.D.	25. FUNERAL DIRECTOR'S SIGNATURE C.R. Lupton & Sons	ADDRESS 7233 Delmar Blvd.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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.....  
Signature of Student Embalmer

Signed *Arnold W. Schoene*.....

Licensed Embalmer No. *386*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.