

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13003

State File No.

FILED MAY 16 1955

BIRTH NO.		REG. DIST. NO. <u>310</u>		PRIMARY REG. DIST. NO. <u>30</u>		Registrar's No. <u>112</u>		
1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Charles</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u>		c. LENGTH OF STAY (In this place) <u>42 yr.</u>		c. CITY OR TOWN <u>St. Charles</u>		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 <u>St. Joseph's Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>804 Clay St.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>A. P.</u> b. (Middle) <u>ERICH</u> c. (Last) <u>SCHULZ, M.D.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 7, 1955</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 24, 1881</u>		
9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>13</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Medical Doctor</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Medical</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Spandau, Germany</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>John Schulz</u>			13b. MOTHER'S MAIDEN NAME <u>Marie Ledke</u>		14. NAME OF HUSBAND OR WIFE <u>Clara Gallaher Schulz</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>493-36-1004</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Clara Schulz, St. Charles, Mo.</u>			
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) <u>Carcinoma larynx with metastasis to regional lymph nodes & lung</u>					INTERVAL BETWEEN ONSET AND DEATH <u>6 months</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u></u> DUE TO (c) <u></u>						
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary emphysema Bronchitis</u>					<u>10 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>101 X</u>					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)				
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?				
22. I hereby certify that I attended the deceased from <u>Dec 1, 1906</u> , to <u>May 7, 1955</u> , that I last saw the deceased alive on <u>May 7, 1955</u> , and that death occurred at <u>7:30 P.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>E. J. Conry</u>			(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>St. Charles, Mo.</u>		23c. DATE SIGNED <u>May 9, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 10, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lutheran Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Charles, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>May 9 1955</u>		REGISTRAR'S SIGNATURE <u>Samuel Hameloff</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur C. Bone</u>		ADDRESS <u>St. Charles, Mo.</u>		

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

MAY 24 1955

DEC 28 1954

DEC 18 1950

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. *Claudio M. Billo*

Licensed Embalmer No. *437*

P. O. Address *H. Charles*

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.