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SL-11361 REG 22329

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11049  
STATE FILE NUMBER  
1617

FILED MAR 18 1957

318

1003

Registrar's No.

Health, Welfare  
Public  
Service

300  
1-56

securing the medical certification in the same manner required by law. No symptoms will be listed. All diseases in Part I must be equally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Boone</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>915 N. Grand, St. Louis, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Sturgeon</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>35 Veterans Administration Hospital</b>			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <b>3/</b>
3. NAME OF DECEASED (Type or print) First <b>Joseph</b> Middle <b>H</b> Last <b>Schultz</b>			4. DATE OF DEATH Month <b>2</b> Day <b>16</b> Year <b>57</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>1-7-88</b>	9. AGE (In years last birthday) <b>69</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Salesman (Unemployed)</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>Pana, Ill.</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13. FATHER'S NAME <b>William R. Schultz</b>			14. MOTHER'S MAIDEN NAME <b>Effie (Maiden name unknown)</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>Yes Peasetime</b>		16. SOCIAL SECURITY NO. <b>491 14 1359</b>	17. INFORMANT Address <b>VA Hosp. Records, 915 N. Grand, St. Louis, Mo.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE, (a) <b>GENERALIZED CARCINOMATOSIS</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>CARCINOMA OF THE PANCREAS</b> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____					INTERVAL BETWEEN ONSET AND DEATH <b>UNKNOWN</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>1-28-57</b> to <b>2-16-57</b> and last saw <del>him</del> <b>xxx</b> alive on <b>2-16-57</b> Death occurred at <b>8:00</b> a. m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>James J. Seeley</b>			22b. ADDRESS <b>M.D. VAH, 915 N. Grand, St. Louis, Mo.</b>		22c. DATE SIGNED <b>2-16-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>2/16/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sturgeon Mo</b>		23d. LOCATION (City, town, or county) (State) <b>Sturgeon Missouri</b>
24. FUNERAL DIRECTOR <b>Edward Fendler 5611 South Grand Blvd.</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>FEB 18 57</b>	26. REGISTRAR'S SIGNATURE <b>J. Carl Smith, m.d.</b> <i>m. h. b.</i>

61019

MAR 20 1957

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 *Harry J. Schwanach*  
Licensed Embalmer No. 767

P. O. Address: 5611 S. 4th

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.