

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-023661

State File No. ....

FILED JUL 15 1959

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 547 Registrar's No. 1669

1. PLACE OF DEATH a. COUNTY <u>ST LOUIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY _____	
b. CITY OR TOWN <u>RICHMOND HEIGHTS</u>	c. LENGTH OF STAY (in this place) <u>5 Hrs.</u>	c. CITY OR TOWN <u>St. Louis</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. Mary's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>3616a Gasconade</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVID</u> b. (Middle) <u>E.</u> c. (Last) <u>SHOLTIS</u>	4. DATE OF DEATH (Month) <u>June</u> (Day) <u>20</u> (Year) <u>1959</u>
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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>December 28, 1919</u>	9. AGE (In years last birthday) <u>39</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>22</u> IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cook's Paint Co.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Gillespie, Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Sholtis</u>	13b. MOTHER'S MAIDEN NAME <u>Josephine Mandel</u>	14. NAME OF HUSBAND OR WIFE <u>Nell Mammo Sholtis</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY <u>338-14-2888</u>	17. INFORMANT'S SIGNATURE OR NAME <u>X Max M. Sholtis</u> ADDRESS <u>3616a Gasconade</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Intra cerebral hemorrhage</u>		
	ANTECEDENT CAUSES DUE TO (b) <u>Atherosclerosis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>331x</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatic Heart disease</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE <u>X</u> (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) <u>X</u> (STATE) _____
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21d. TIME OF INJURY (Month) _____ (Day) <u>X</u> (Year) _____ (Hour) _____ m. _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>X</u>
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22. I hereby certify that I attended the deceased from 6-20, 1959, to 6-20, 1959, that I last saw the deceased alive on 6-20, 1959, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Murphy M.D.</u> (Degree or title) _____	23b. ADDRESS _____	23c. DATE SIGNED <u>6/22/59</u>
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24a. DATE <u>June 24, 1959</u>	24b. NAME OF CEMETERY OR CREMATORY <u>Mt. Carmel Cemetery</u>	24c. LOCATION (City, town, or county) <u>Belleville, Illinois</u> (State) _____
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DATE REC'D BY LOCAL REG. <u>6-22-59</u>	REGISTRAR'S SIGNATURE <u>John C. Murphy M.D.</u>	25. UNEMPLOYMENT DIRECTOR'S SIGNATURE _____ ADDRESS <u>2525 State St.</u>
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(Received Embalmer's Statement on Reverse Side)

L. St. Louis, Ill.

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

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

*Not  
Embalmed*

Signed.....  
*[Handwritten Signature]*

Licensed Embalmer No... *316*

P. O. Address... *F. S + Low*

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.