

**MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-61-018068**

STATE FILE NUMBER

Registration District No. 167 Primary Registration District No. 5594 Registrar's No. 55

**FILED MAY 22 1961**

|                                                                                                      |  |                                                                                                                                    |  |
|------------------------------------------------------------------------------------------------------|--|------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>JEFFERSON</u>                                                      |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Jeff.</u> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>RURAL Meramee</u>            |  | c. CITY OR TOWN <u>EUREKA Mo</u>                                                                                                   |  |
| Length of stay in 1b                                                                                 |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                                               |  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>2 mi N. Hwy 30</u> |  | d. STREET ADDRESS (If outside, give location)<br><u>RR #1</u>                                                                      |  |
| Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                 |  | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                              |  |

|                                                                                                |                           |                                                                                                                                                             |                                                                    |                                  |                                            |                                          |
|------------------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|----------------------------------|--------------------------------------------|------------------------------------------|
| 3. NAME OF DECEASED (Type or print)<br>First <u>EDWIN</u> Middle <u>L.</u> Last <u>SCHULZE</u> |                           |                                                                                                                                                             | 4. DATE OF DEATH<br>Month <u>5</u> - Day <u>8</u> - Year <u>61</u> |                                  |                                            |                                          |
| 5. SEX <u>M</u>                                                                                | 6. COLOR OR RACE <u>W</u> | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12/24/1908</u>                                 | 9. AGE (last birthday) <u>52</u> | IF UNDER 1 YEAR<br>Months _____ Days _____ | IF UNDER 24 HR<br>Hours _____ Min. _____ |

|                                                                                                              |                                                     |                                                                       |                                              |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>FARMER</u> | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>farming</u> | 11. BIRTHPLACE (City and state or country)<br><u>HOUSE SPRINGS Mo</u> | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u> |
|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------------------------------------|----------------------------------------------|

|                                                |                                                       |                                                |
|------------------------------------------------|-------------------------------------------------------|------------------------------------------------|
| 13a. FATHER'S NAME<br><u>ERNEST J. SCHULZE</u> | 13b. MOTHER'S MAIDEN NAME<br><u>MARY ELLEN KOMMER</u> | 14. NAME OF HUSBAND OR WIFE<br><u>ROSEMARY</u> |
|------------------------------------------------|-------------------------------------------------------|------------------------------------------------|

|                                                                                                                        |                                   |                                                          |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)<br><u>No</u> | 16. SOCIAL SECURITY NO. <u>Mo</u> | 17. INFORMANT<br><u>Rosemary Schulze EUREKA Mo RR #1</u> |
|------------------------------------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------------------------|

|                                                                                                                                                 |                  |                                           |
|-------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-------------------------------------------|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>DROWNING</u> |                  | INTERVAL BETWEEN ONSET AND DEATH<br>_____ |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.                                                      | DUE TO (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) | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
|-----------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                   |                                                                                                                      |                                                                                                                              |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input checked="" 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.)<br><u>fell into water after</u> |
| 20c. TIME OF INJURY<br>Hour _____ a.m. _____ p.m.<br>Month, Day, Year _____                       | <u>Electrical shock.</u>                                                                                             |                                                                                                                              |

|                                                                                                                   |                                                                                                         |                                                     |                       |                    |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------|--------------------|
| 20d. INJURY OCCURRED WHILE AT WORK <input checked="" 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.)<br><u>FARM</u> | 20f. CITY, TOWN, OR LOCATION<br><u>Meramee Twp.</u> | COUNTY<br><u>JEFF</u> | STATE<br><u>Mo</u> |
|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------|--------------------|

21. I attended the deceased from Coroner's View and last saw her/him alive on 8.45 PM  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

|                                                                 |                                   |                                   |
|-----------------------------------------------------------------|-----------------------------------|-----------------------------------|
| 22a. SIGNATURE (Degree or title)<br><u>James C. [Signature]</u> | 22b. ADDRESS<br><u>Festus Mo.</u> | 22c. DATE SIGNED<br><u>5-8-61</u> |
|-----------------------------------------------------------------|-----------------------------------|-----------------------------------|

|                                                            |                               |                                                                      |                                                                          |
|------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u> | 23b. DATE<br><u>5/12/1961</u> | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Our Lady Queen of Peace</u> | 23d. LOCATION (City, town, or county) (State)<br><u>HOUSE SPRINGS Mo</u> |
|------------------------------------------------------------|-------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------------------|

|                                                    |                                    |                                                |                                                     |
|----------------------------------------------------|------------------------------------|------------------------------------------------|-----------------------------------------------------|
| 24. FUNERAL DIRECTOR<br><u>Brimme Funeral Home</u> | ADDRESS<br><u>House Springs Mo</u> | 25. DATE RECD. BY LOCAL REG.<br><u>5-12-61</u> | 26. REGISTRAR'S SIGNATURE<br><u>Robert E. Bauer</u> |
|----------------------------------------------------|------------------------------------|------------------------------------------------|-----------------------------------------------------|

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

MAY 22 1961

JUL 17 1962

**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

*Herbert J. Law Jr.*

Licensed Embalmer No. 4800

P. O. Address Kirkwood 22 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.