BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

BIRTH NO. M.E. CASE NO. Registered No. 960

1. NAME OF DECEASED (Type or Print): WALLACE L SHULTZ

2. DATE AND HOUR OF DEATH: JAN. 30th 1959 | 8:30 A M.

3. PLACE OF DEATH IN BALTIMORE, MARYLAND: FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DEPT. of HIGHWAY McKEESPORT, PA.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE: PA. B. COUNTY: ALLEG.
C. CITY OR TOWN (If outside city limits, write RURAL and give township): McKEESPORT
D. STREET ADDRESS (If rural, give location): 2118 COALFAY ST.

5. SEX: M
6. RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: OCT. 10-1888
9. AGE (In years last birthday): 70
If Under 1 Yr. Months / Days; If Under 24 Hrs. Hours / Min.:
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CARETAKER
10B. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): HOMESTEAD, PA.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: JOHN SHULTZ
14. MOTHER'S MAIDEN NAME: JENNIE JEFFERIES
15. Was Deceased Ever in U. S. Armed Forces? (Yes, No or Unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 174-18-434
17. INFORMANT: JAMES W. SHULTZ, 915 PORT ST. ADDRESS: McKEESPORT, PA.

18. SPOUSE - ANNA SHULTZ

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)
(A) ACUTE CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 4201
DUE TO
(B)
DUE TO
(C)

ANTECEDENT CAUSES: DISEASES OR CONDITIONS, if any, giving rise to the above cause (A) stating the UNDERLYING CONDITION last.

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

MEDICAL CERTIFICATION

19A. DATE OF OPERATION:
19B. CONDITION FOR WHICH OPERATION WAS PERFORMED:
20A. AUTOPSY? (Yes or No): No
20B. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?

21A. ACCIDENT, WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (Verify medical examiner) [ ]
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME OF INJURY (Hour) (Day) (Month) (Year):
21E. INJURY OCCURRED: While At Work [ ] Not While At Work [ ]
21F. HOW DID INJURY Ooccur?

22. I certify that (I) (this hospital) attended the deceased from ..... 19 ..... to ..... 19 .....,
that (I) (a) last saw the deceased alive on ..... 19 ..... and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above. (I) (We) (did) (did not) view the body after death.

23A. SIGNATURE: M.D. Attending Phys. [ ] Med. Director [ ] Staff Phys. [ ]
23B. DATE SIGNED: 1-31-59
23C. PHYSICIAN'S NAME (Type or Print): J.K.D. McCLELLAND - W. STEININGER M.D.
23D. ADDRESS: 542 4th AVE, PGH. PA

24A. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24B. DATE: Feb. 2, 1959
24C. NAME of CEMETERY or CREMATORY: McKEESPORT & VERSAILLES
24D. LOCATION (City, town, or county) (State): McKEESPORT - ALLEG. PA

25A. DATE RECD BY HEALTH DEPT.: 2-2-1959
25B. NAME OF REGISTRAR: HELEN M. SULLIVAN
25C. FUNERAL DIRECTOR: FRANK C. HUNTER
ADDRESS: 1600 COURSIN, McKEESPORT, PA

VS 150-REV. 1/1/65