WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

38282

File No. 9925

Registered No.

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH

County

Township

City St Louis (No. Barnes Hosp St. Ward)

2. FULL NAME Mrs Ruth Schulz

(a) Residence, No. Mascoutah St. Ill Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 1 ds. 20 How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Otto Schulz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 6, 1909

7. AGE: Years 24 Months 5 Days 5 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Sewing Machine Operator

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Dress Factory

10. Date deceased last worked at this occupation (month and year): Oct 1933

11. Total time (years) spent in this occupation: 6 mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Beloit Wisconsin

FATHER

13. NAME: Wm. Ryan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Angie Petty

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Belleview Mo

17. INFORMANT (ADDRESS): Otto Schulz Mascoutah Ill.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mascoutah Ill. DATE Nov 19 1933

19. UNDERTAKER (ADDRESS): Moll Funeral Dir Co. Mascoutah Ill

20. FILED NOV 17 1933 19 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 11-16, 1933

22. I HEREBY CERTIFY, That I attended deceased from 10-27, 1933, to 11-16, 1933

I last saw her alive on 11-16, 1933. Death is said to have occurred on the date stated above, at 1:10 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Nephritis, Chronic	10-10
131	

Other contributory causes of importance: Uremia

Name of operation Date of

What test confirmed diagnosis? A.U.P.N. Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) F. R. Bradley, M. D.

(Address) Barnes Hospital