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

MAR 1 1935

Do not use this space.

1. PLACE OF DEATH
County St. Charles
Township St. Charles
City St. Charles (No. St. Jos. Hosp. St. Ward)

Registration District No. 757
Primary Registration District No. 3036

File No. 2601
Registered No. 7

2. FULL NAME Frank W. Schultz
(a) Residence, No. Wentzville, Mo. Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 83 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 Sarah

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 17, 1851

7. AGE YEARS 83 MONTHS 7 DAYS 27 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Foristell, Mo

FATHER
13. NAME Frederick Schultz
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Melle, Germany

MOTHER
15. MAIDEN NAME Sanker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Arthur Schultz

18. BURIAL, CREMATION, OR REMOVAL
PLACE Coppeln DATE 1/16 1935

19. UNDERTAKER (ADDRESS) T. E. Pittman

20. FILED 1/15 1935 Clarence G. Wessler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-14 1935

22. I HEREBY CERTIFY, That I attended deceased from 1/11 1935, to 1/14 1935
I last saw him alive on 1/14 1935 Death is said to have occurred on the date stated above, at 9:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1/10/35
106	

Other contributory causes of importance: Senility

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? no
If so, specify .....
(Signed) Ben L. Henderson, M. D.
(Address) St. Charles