

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

5021
 Do not use this space.

1. PLACE OF DEATH

(a) County: Registration District No. **791**
 (b) Township: Primary Registration District No. **1003**
 (c) City: **St Louis, Mo.** (d) Street No. **3710** near **Hebert St.** Registered No. **1666**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. **Francis C. Schultz** **432** St. **10**
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 Josephine Schultz.		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2, 1858.		
7. AGE YEARS 79	MONTHS 3	DAYS 12
If LESS than 1 day, hrs. or min.		
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Trv Salesman		
9. Industry or business in which work was done, as saw mill, bank, etc. Un Employed.		
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) St Louis Mo.		
13. NAME Francis Schultz		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
15. MAIDEN NAME Ann Kinkil		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
17. INFORMANT (ADDRESS) Josephine Schultz 3710 near Hebert St		
18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb 17, 1938		
19. FUNERAL DIRECTOR (ADDRESS) Math Hermann & Son 2161 East Fair Ave.		
20. FILED FEB 16 1938 <i>J. D. Prebeck</i> Licent Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb. 14th 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Oct 28** (1937) to **Feb. 14th 1938**
 I last saw him alive on **Feb. 14th 1938**. Death is said to have occurred on the date stated above, at **6:30** m.
 The principal cause of death and related causes of importance were as follows:
Blasphemous
Blasphemous
93c
 Other contributory causes of importance:
Blasphemous
Blasphemous
 Cause unknown. **Benign**
 Name of operation _____ Date of _____
 What test confirmed diagnosis **element** 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?
 If so, specify **Blasphemous**
 (Signed) **3617** _____, M. D.
 (Address) _____

STATEMENT BY LICENSED EMBALMER

I, William G. Buchholz, Licensed Embalmer No. 2110

hereby certify that the body recorded on the reverse side of this certificate was embalmed by William G.

Buchholz, L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed William G. Buchholz

Licensed Embalmer No. 2110

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.)