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.

OCT NOV 1 6 1938

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

33898
Do not use this space.

2 1

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 8884
(c) City St. Louis Mo. (d) Street No. 4126 A CALIFORNIA AVE. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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 420 Rose Schulz
(a) Residence, No. 4126 A California Ave. St. 15
(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: 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: Henry Schulz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 7th 1875

7. AGE: YEARS 62 | MONTHS 10 | DAYS 3 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. At Home
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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. 0

FATHER
13. NAME: Anthony Gehringer 9
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 9

MOTHER
15. MAIDEN NAME: Louise Geiser
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Henry Schulz 4126 A California Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mo. Crematory DATE Oct 13, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Thos Lutes 2906 Gravois Ave.

20. FILED OCT 11 1938 J. F. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1938, to Oct 10, 1938
I last saw her alive on Oct 10, 1938. Death is said to have occurred on the date stated above, at 3:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma, uterus	1937

Other contributory causes of importance:
Operation laparotomy with radium implantation July 38
Name of operation Radium implant in uterus Date of July 38
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) [signature] M. D.
(Address) 4500 Clark Av.

(Licensed Embalmer's Statement on Reverse Side)

D. V. B. Kieffer
4500 Olive St.
1 2 3 4 Cuyahoga

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, THOS. KUTIS, or by

Registered Apprentice No. ....., working under my personal supervision.

Signed Thos Kutis

Licensed Embalmer No. 1619

P. O. Address 2906 Gravois Ave.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.