

REC'D FEB 16 1939

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

810
Do not use this space.

1. PLACE OF DEATH

(a) County.....
 (b) Township.....
 (c) City St. Louis (d) Street No. 1530a N. Grand Blvd. (791 1008)
 (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

432 Anna Schultz
 (a) Residence, No. 1530a N. Grand Blvd. St. 11
 (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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22, 1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
85 4 2

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.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Johnstown
 (STATE OR COUNTRY) Penn.

FATHER 13. NAME John Schultz

14. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Theresa Schultz

16. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

17. INFORMANT Miss Josie Schultz
 (ADDRESS) 1530a N. Grand Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peter & Paul's DATE 1-27-39

19. FUNERAL DIRECTOR (NAME) Cullinane Brothers
 (ADDRESS) 1710 N. Grand Blvd.

20. FILED JAN 26 1939 J. B. Brubaker
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 24, 1939 19

22. I HEREBY CERTIFY That I attended deceased from Jan 15, 1938, to Jan 24, 1939
 I last saw her alive on 1-24 7:30 P.M. Death is said to have occurred on the date stated above, atm.

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

chronic nephritis Date of onset

Other contributory causes of importance:

Hypertension severity

Name of operation..... Date of.....
 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? no
 If so, specify.....

(Signed) W. W. Hayes, M. D.

(Address) 3405 N. Grand

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.

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,

....., or by

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

Signed.....

Fred Frick

Licensed Embalmer No. 3186

P. O. Address St. Louis, Mo

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.)

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