

JUN 28 1939

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

23221
Do not use this space.

1. PLACE OF DEATH
(a) County St. Louis, Co. Registration District No. 784
(b) Township Camden Primary Registration District No. 200
(c) City Linn, Mo. (d) Street No. 151 West Holden Street. 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 William J. Schultz,
(a) Residence, No. 151 West Holden Street St. Louis, Co. (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 Mary Schultz,			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 16th, 1858.			
7. AGE YEARS 80	MONTHS 8	DAYS 11	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Stationary		
	9. Industry or business in which work was done, as saw mill, bank, etc. Engineer		
	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) Saint Louis, Missouri.			
FATHER	13. NAME William Schultz		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		
MOTHER	15. MAIDEN NAME Unknown		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **June 27th, 1939**

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said to have occurred on the date stated above, at **10:10 A.M.**

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

Coronary thrombosis 6/27/39
946

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? **History** 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) **John O'Connell**, M. D.
(Address) **Coroner of St. Louis County**

17. INFORMANT **Mary Schultz**
(ADDRESS) **151 West Holden St. St. Louis, Co. Mo.**

18. BURIAL, CREMATION, OR REMOVAL
PLACE **Old S.S. Peter & Paul** **June 30, 1939**

19. FUNERAL DIRECTOR **Zegenheim Bros.**
(ADDRESS) **2623 Cherokee Street.**

20. FILED **JUN 28 1939** **W.R. Meyer**
Local Registrar

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.

50A-7-20-37 I X12004

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E. _____

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

working under my personal supervision.

Signed *V. E. Morris* _____

Licensed Embalmer No. *3360*

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.)