

JAN 12 1940

Registration District No. 501

Primary Registration District No. \_\_\_\_\_

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH 1008  
 (a) County \_\_\_\_\_  
 (b) City or town St. Louis, Mo. 2  
 (c) Name of hospital or institution:  
5427 N. Union Ave.  
 (If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
 (Specify whether \_\_\_\_\_)  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME Henry J. Schulz 420

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie 6. (c) Age of husband or wife if alive 74 years

7. Birth date of deceased July 20 1861  
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>4</u>	<u>18</u>	hr. _____ min. _____

9. Birthplace St. Louis Missouri  
 (City, town, or county) (State or foreign country)

10. Usual occupation Auto Painter

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Unknown Schulz

13. Birthplace Germany  
 (City, town, or county) (State or foreign country)

14. Maiden name Unknown  
 (City, town, or county) (State or foreign country)

15. Birthplace Germany  
 (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Nellie K. Schulz

(b) Address 5427 N. Union

17. (a) Burial (b) Date thereof 12/11/39  
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director John A. Genteman

(b) Address 5077 Durant Ave.

19. (a) DEC 11 1939 (b) J. F. [Signature]  
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
 (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 7  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 5427 N. Union Ave.  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 8  
 year 1939 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from Aug 15 - 1939  
1939 to Dec 8 1939  
 that I last saw him alive on Dec 7 1939  
 and that death occurred on the date and hour stated above.

Immediate cause of death  
Chronic Myocarditis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Heart Block  
 (Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
 (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? John G. [Signature] Specify type of phone \_\_\_\_\_  
 Cause of injury \_\_\_\_\_

23. Signature John G. [Signature] (M. D. or other) MD

Address 2014 Shelby St. Date signed 12/9/39

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically

7 days

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.

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**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

*Robert W. Harper*

Licensed Embalmer No.

*1861*

P. O. Address.....

**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.**