DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 16708

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4186

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Oklahoma (b) County Unknown

(c) City or town Muskogee NR (If outside city or town limits, write "RURAL")

(d) Street No. 228 Okomulge St (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Ralph H. Schultz 432

3. (b) If veteran, name war None

3. (c) Social Security No. 703-01-3313

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Mattie Schultz

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased Unknown (Month) (Day) (Year)

8. AGE: Years About 57 Months Days If less than one day hr. min.

9. Birthplace Kentucky (City, town, or county) (State or foreign country)

10. Usual occupation Vice-President

11. Industry or business Midland Valley R.R.

FATHER

12. Name Albert Schultz

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

MOTHER

14. Maiden name Julia Hunnitsch

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

16. (a) Informant's own signature Mrs. Medinglam

(b) Address Webster Groves Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 13 1940 (Month) (Day) (Year)

(c) Place: burial or cremation ElPaso Texas

18. (a) Signature of funeral director Peetz Brothers

(b) Address 3029 Lafayette Ave

19. (a) MAY 10 1940 (Date received local registrar) (b)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 10 year 1940 hour 12:49 minute A. M.

21. I hereby certify that I attended the deceased from , 19 , to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration

Due to Coronary Occlusion

Due to Arteriosclerosis

Other conditions (Includes pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Joseph M. Lucas Coroner

Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Frank J. Owen

Licensed Embalmer No. 2245

P. O. Address St Louis Mo

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

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