

No. 2
1-10-39
17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 33714

Registration District No. 16 1940 791

Primary Registration District No. _____

Registrar's No. 8411

1. PLACE OF DEATH:

(a) County _____

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

(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Days
(Specify whether)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Fred Schultz

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 Widowed

6. (b) Name of husband or wife unknown

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

7. Birth date of deceased September 24th, 1860.
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 14 If less than one day _____ hr. _____ min.

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

10. Usual occupation Beer Brewer

11. Industry or business RETIRED

MOTHER FATHER { 12. Name ? Schultz.

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

14. Maiden name Unknown

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

16. (a) Informant Mrs Marie Leach

(b) Address 1519 Menard Street.

17. (a) Burial (b) Date thereof Oct. 11th, 40.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Ziegenheim Bros.

(b) Address 2626 Cherokee Street.

19. (a) OCT 10 1940 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____

(c) City or town SFLOUIS 24
(If outside city or town limits write "RURAL")

(d) Street No. 3424 Indiana
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8,
year 1940 hour 7:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from September 23, 1949 to October 8, 1940;
that I last saw him alive on October 8, 1940;
and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis chronic
Capillary Decomposition

Due to Arteriosclerosis, general

Due to _____

Other conditions None
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

PHYSICIAN _____
Underlines 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? _____

While at work? _____
(Specify type of place) (e) Means of injury

23. Signature [Signature] (M. D. or other) _____

Address 1515 Lafayette Ave., Date signed 10/9/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

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.