No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 76 76

Registration District No. 791 FEB 25 1941

Primary Registration District No. 1003

Registrar's No.

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

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: Home for the Aged (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 yrs. 3 mo. (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis, (If outside city or town limits, write "RURAL") 1617

(d) Street No. Home for the Aged 3400 So. Grand Blvd. (If rural, give location) 9

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME GEORGE SCHULTZ

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Laurennia

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

7. Birth date of deceased Dec. (Month) 29 (Day) 1864 (Year)

8. AGE: Years	Months	Days	If less than one day
76	--	4	hr. min.

9. Birthplace Rock Island (City, town, or county) Illinois. (State or foreign country) 1

10. Usual occupation Day Laboter

11. Industry or business

FATHER
12. Name George Schultz
13. Birthplace Dont Know. (City, town, or county) (State or foreign country) 9

MOTHER
14. Maiden name Mary Kane
15. Birthplace Dont Know. (City, town, or county) (State or foreign country) 9

16. (a) Informant Sister Seraphine

(b) Address 3400 So. Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Jan. 6, 1940. (Month) (Day) (Year)

(c) Place: burial or cremation SS. Peter & Paul Cem.

18. (a) Signature of funeral director J. H. Gebken

(b) Address 2842 Meramec St. 7014

19. (a) JAN 6 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 3rd year 1941 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from Nov 30, 1940, to Jan 3, 1941; that I last saw him alive on ~~Dec~~ Jan 1, 1941; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Haemorrhage (Esophageal Varyx)	1 day
Due to Cerrhosis of Liver	1 yr
Due to Arteriosclerosis General	1 yr
Other conditions (Include 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 0

23. Signature E. P. Buddy (M. D. or other)

Address Arcus Club Bl. Date signed 1/5 41

(Licensed Embalmer's Statement on Reverse Side)

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 F. Gebken

Licensed Embalmer No. 4144

P. O. Address 2842 Meramec St. St. Louis, Mo.

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

If this body is not embalmed, fact should be so stated above.