

13-40
17-39
X23159

REG. MAR 25 1941 791
Registration District No. _____

Primary Registration District No. _____

Registrar's No. **1091**

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 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 Days
(Specify whether _____)

In this community 40yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 13
(If outside city or town limits, write "RURAL")

(d) Street No. 2327 Sublette Avenue
(If rural, give location) 0

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

3. (a) PRINT FULLNAME Fred Schultz

3. (b) If veteran, name war Unknown

3. (c) Social Security No. Unknown

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 23,
year 1941 hour 1:30 minute A. M.

21. I hereby certify that I attended the deceased from January
1, 1941 to January 23, 1941;
that I last saw h. alive on January 23, 1941
and that death occurred on the date and hour stated above.

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

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

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

Immediate cause of death Cerebral thrombosis 20 days

Due to Generalized Arteriosclerosis 10yrs.

Due to _____

Other conditions (include pregnancy within 3 months of death) _____

8. AGE: Years 80 Months _____ Days _____ If less than one day hr. _____ min. 9

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

Major findings: Of operations None

Of autopsy None

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

10. Usual occupation Nil.

11. Industry or business Nil.

MOTHER FATHER { 12. Name Unknown

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

14. Maiden name Unknown

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

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? _____

16. (a) Informant C. Morrison

(b) Address St. Louis City Hospital #1.

17. (a) _____ (b) Date thereof 1-24-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Louis

18. (e) Signature of funeral director W. Richter

(f) Address 3500 Rutger

19. (d) FEB 3 1941 (b) J. T. Brudeck
(Date received local registrar) (Registrar's signature)

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

23. Signature Roger W. Howell (M. D. or other) _____
Address 1515 Hefoyette Date signed 1-23-41

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.....

Licensed Embalmer No.....

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, fact should be so stated above.