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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 5579
Registrar's No. 1827

LEU MAR 25 1941 791
Registration District No. 791

Primary Registration District No.

1. PLACE OF DEATH:

(a) County Missouri
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 6 Days
(Specify whether
In this community 9 years
years, months or days)

3. (a) PRINT FULL NAME Leona Shultz

3. (b) If veteran, name war _____ 3. (c) Social Security No. Unknown

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

6. (b) Name of husband or wife Charles Shultz 6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased February 6th 1891
(Month) (Day) (Year)

8. AGE: Years 50 Months 14 Days _____ If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John (Unknown)

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

14. Maiden name Lizzie (Unknown)

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

16. (a) Informant Deceased Leona Shultz
(b) Address 1924 No. 9th St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2 27-41
(Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director W. J. White
(b) Address City Hospital

19. FEB 26 1941 (b) [Signature] (Registrar's signature)

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") 17 26
(d) Street No. 1924 No. 9th St. (If rural, give location) 0
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 20th, year 1941 hour 9 minute 40 A.M.

21. I hereby certify that I attended the deceased from 2/15/41 19____ to 2/20/41 19____; that I last saw her alive on Feb. 20th, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Right Breast with metastases.

Due to _____
Due to _____
Other conditions (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? _____ (Specify type of place) (e) Means of injury Q

23. Signature W. N. Elliott (M. D. or other) _____
Address 1515 Lafayette Date signed 2/21/41

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

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.