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FILED APR 21 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8554

Registration District No. 7911 Primary Registration District No. 1003 Registrar's No. 1964

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

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 #1 0 (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 Days (Specify whether In this community 64 years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis 2417 (If outside city or town limits, write "RURAL")
(d) Street No. 3338 Wisconsin Ave 9 (If rural, give location)
(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Gus Schultz
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex male 0
5. Color or race white
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Carrie Schultz nee Kuhnhenn
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased November 13th 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
64	3	8	hr. min.

9. Birthplace St. Louis Mo 0 (City, town, or county) (State or foreign country)
10. Usual occupation merchant (unemployed)
11. Industry or business confectionary
FATHER
12. Name Gustave Schultz
13. Birthplace Germany 4 (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Margaret Baumgarther
15. Birthplace Oakville Missouri 0 (City, town, or county) (State or foreign country)
16. (a) Informant Carrie Schultz
(b) Address 3338 Wisconsin Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 3rd 1941 (Month) (Day) (Year)
(c) Place: burial or cremation Old St. Marcus
18. (a) Signature of funeral director Henry C. Heidenreuther
(b) Address 6203 Gravois Ave
19. (a) MAR 2 1941 (Date received local registrar) (b) J. N. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 1st, year 1941 hour 5 minute 00 A.M.
21. I hereby certify that I attended the deceased from 2/19/41, 19__, to 3/1/41, 19__; that I last saw him alive on 3/1/41, 19__; and that death occurred on the date and hour stated above.

Immediate cause of death: Lobar Pneumonia
Due to Chronic myocarditis
Due to Tabes dorsalis.
Other conditions (Include pregnancy within 3 months of death) 30a
Major findings: Of operations None.
Of autopsy None.

Duration

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 James T. Murphy (M. D. or other)
Address 1515 Lafayette Date signed 3/1/41

(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 Milford G. Burnley

Licensed Embalmer No. 42 02

P. O. Address.....

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.