

No. 2
-1-4-41
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. **9345**
2755
Registrar's No.

Registration District No. **791** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis, Mo.**
(b) City or town _____
(c) Name of hospital or institution: **MCity Sanitarium**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3yrs. 1mo. 27days.**
(Specify whether
In this community **52yrs. 10 mo. 21da.**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **3328 So. 18th St.**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **EMMA SCHULTZ**
3. (b) If veteran, name war **No**
3. (c) Social Security No. **No**

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **March** day **26**
year **1941** hour **4:05** minute _____ a. _____ M.
21. I hereby certify that I attended the deceased from **1-31-38** 19____ to **3-26-41** 19____;
that I last saw **her** alive on **3-26-41** 19____
and that death occurred on the date and hour stated above.

4. Sex **Female** / 5. Color or race **white**
6. (a) Single, widowed, married, divorced **married**
6. (b) Name of husband or wife **Otto Schultz**
6. (c) Age of husband or wife if alive **50** years

Immediate cause of death _____
Broncho pneumonia 3-23-41
Due to **Mental Defective 1938x**

7. Birth date of deceased **May 5, 1888**
(Month) (Day) (Year)
8. AGE: Years **52** Months **10** Days **21**
If less than one day _____ hr. _____ min.

Due to _____
Other conditions (Includes pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy **NO.**

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housewife**

PHYSICIAN _____
Underline the cause to which death should be charged statistically.
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11. Industry or business **Housewife**
12. Name **Louis Gass**
13. Birthplace **Unknown Illinois**
(City, town, or county) (State or foreign country)
14. Maiden name **Emma**
15. Birthplace **Unknown Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **James Todd**
(b) Address **5400 Arsenal St**
17. (a) **Burial** (b) Date thereof **Mar. 28, 41**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **New St. Marcus**

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? _____

18. (a) Signature of funeral director **Wm. E. Monnell**
(b) Address **1926 Allen Ave.**
19. (a) **3/27/1941** (b) **J. T. Bredech**
(Date received from Registrar) (Registrar's signature)

(Specify type of place) _____
While at work? _____ Means of injury _____
23. Signature **Frank O. Smith** (M. D. or other) _____
Address **5400 Arsenal St** Date signed **3/26/41**

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

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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 *Benj. C. Durman*.....

Licensed Embalmer No. *2272*.....

P. O. Address *1726 Allen*.....

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.