7. S. No. 2
DM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 17 1942

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 4938

Primary Registration District No. 1003

Registrar's No. 1328

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: 227a St. George St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 2317 080
(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")
(d) Street No. 227a St. George St. 1
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME George Schultes
3. (b) If veteran, name war no
3. (c) Social Security No. none
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Sadie
6. (c) Age of husband or wife if alive 68 years
7. Birth date of deceased Sept. 15, 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
68	4	27	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Musician
11. Industry or business
FATHER 12. Name Herman Schultes
13. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Margaret Hessler
15. Birthplace St. Louis, Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Sadie Schultes
(b) Address 227a St. George St.
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof Feb. 14-42 (Month) (Day) (Year)
(c) Place: burial or cremation Missouri Crematory
18. (a) Signature of funeral director W. C. Maydell
(b) Address 1926 Allen Ave.
19. (a) FEB 18 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 12th year 1942 hour 4 minute a. M.
21. I hereby certify that I attended the deceased from November 14 1941 to February 12 1942 that I last saw h. alive on February 11 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Uraemia	Duration
Due to Hypertension	3 years
Due to Chronic Nephritis (Parenchymatous)	3 years
Due to Anasarca	2 weeks
Other conditions Eczema Legs (Include pregnancy within 3 months of death)	7 days

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) No
(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
23. Signature Leroy E. Ellison (M. D. or other) MD
Address 3616 So Broadway Date signed 2-12-42

(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 Roy C. Duncan

Licensed Embalmer No. 222

P. O. Address 1924 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.