

FILED DEC 7 1942

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9872**

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St Louis, Mo.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 10-10-42 to 11-24-42
 (Specify whether _____)
 In this community _____
 years, months or days

3. (a) PRINT FULL NAME Mrs. Theresa Rose Schulz

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Albert W. Schulz 6. (c) Age of husband or wife if alive 48 years
 7. Birth date of deceased May 23 1898
 (Month) (Day) (Year)

8. AGE: Years 44 Months 6 Days 1 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Martin Sedlak
 13. Birthplace Austria (City, town, or county) (State or foreign country)
 14. Maiden name Caroline Rochereck
 15. Birthplace Austria (City, town, or county) (State or foreign country)

16. (a) Informant Albert W. Schulz

(b) Address 1820 Iowa Ave

17. (a) Burial (b) Date thereof Nov 27 1942
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Petz Brothers

(b) Address 3029 Lafayette Ave

19. (a) NOV 27 1942 (Date received local registrar) J. F. Brusch (Registrar's signature)

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. 1820 Iowa Ave
 (If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 24
 year 1942 hour 8 minute 40 P.M.

21. I hereby certify that I attended the deceased from 10-10
 _____, 1942 to 11-24, 1942

that I last saw her alive on 11-24, 1942
 and that death occurred on the date and hour stated above.

Immediate cause of death heart failure Duration 7 1/2 mos.

Due to Hypertensive heart disease + 2 yrs

Due to chronic glomerulonephritis + 2 yrs.

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 121

Of autopsy 40 above 121

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?

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

23. Signature H. P. Malley (M. D. or other) _____
 Address DARNES HOSPITAL Date signed _____

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 *Francis D. Dumas*

Licensed Embalmer No *2245*

P. O. Address *St Louis Mo*

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.