

U. S. No. 2
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Rev. 5-17-39
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11537

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 735

Registration District No. 784 Primary Registration District No. 115

1. PLACE OF DEATH:
(a) County Saint Louis
(b) City or town University City,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
1236 Waldron
(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 St. Louis
(c) City or town University City
(If outside city or town limits, write "RURAL")
(d) Street No. 1236 Waldron Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Leonora Ada Schulz

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex Female / 5. Color or race White / 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Henry Schulz 6. (c) Age of husband or wife if alive 59 years
7. Birth date of deceased March 27 - 1887
(Month) (Day) (Year)

8. AGE: Years 55 Months II Days 28 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name August Blattner

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

14. Maiden name Emma Von der Ahe

15. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Schulz

(b) Address 1236 Waldron

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3/27/43
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cem.,

18. (a) Signature of funeral director C.R. Lupton & Sons

(b) Address 7233 Delmar Blvd.

19. (a) 2-27-43 (Date received local registrar) (b) B. G. McManan (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25 th
year 1943 hour 3 minute 45 A.M.

21. I hereby certify that I attended the deceased from 10-23, 1942 to 3-25, 1943
that I last saw her alive on 3-21, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Adeno-Carcinoma of ovaries - recurrent;
Due to Op. 10-28-42,

Due to _____
Other conditions (include pregnancy within 3 months of death) _____

Major findings: Massive adeno-carcinoma of ovaries,
Of operations _____
Of autopsy 496

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? _____

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

23. Signature Charles H. Sherry (M. D. or other) _____
Address 3700 Washington Date signed 3/26/43

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

MOTHER, FATHER

Dr. Chas. H. Sherwin
3120 Washington
J.E.-6744
3-5

JUL 3 0 1948

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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address University City, 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.