

FILED APR 23 1943 818
Registration District No. 22

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Christian Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution One month
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 12
(If outside city or town limits, write "RURAL") 9 6
(d) Street No. 3421 A. Marcus Ave.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Frank P. Shulik S. Schulik

3. (b) If veteran, name war..... 3. (c) Social Security No. 490-03-1834

4. Sex Male 5. Color or race white 6. (a) Single, widowed, married, divorced, married

6. (b) Name of husband or wife Victoria D. Sherman 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased Aug. 24, 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
57 7 18 hr. min.

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

10. Usual occupation Clerk at Wm. R. Warner Drug

11. Industry or business name Paul Shulik S. Schulik

12. (a) Birthplace Germany
(City, town, or county) (State or foreign country)

12. (b) Mother's name Mary Chesnick

12. (c) Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Victoria Chuttk Schulik

(b) Address 3421 A. Marcus Ave.

17. (a) Burial (b) Date thereof Apr. 14, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Bromschwig Und. Co.

(b) Address 4746 West Florissant Ave.

19. (a) APR 13 1943 (b) J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 11 year 1943 hour 9 minute 30 P.M.

21. I hereby certify that I attended the deceased from Mar 10, 1943 to Apr 11, 1943
that I last saw him alive on Apr 11, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage / ms

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations.....

Of autopsy.....

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 Th. Moore (M. D. or other) 0
Address 607 N Grand Date signed 4/12

MOTHER FATHER

Dr. J. J. J. J.

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..... *W. Wilkinson*

Licensed Embalmer No..... *3575*

P. O. Address.....

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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS

State of Missouri
County of City of St. Louis ss.

State File No.
Local Registrar's No. 3470

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 24th day of May, 1944, before me appears Victoria Schulik, who, upon her oath, states that the original record of ^{birth} death for Frank P. Schulik, died April, 11th _{born}, 1943, in the State of Missouri, and which was filed at St. Louis, Mo., on April 13, 1943, should be corrected as follows:

Item No. 3-A should read Frank P. Schulik

Instead of Frank P. Schulik

Item No. 12 should read Paul Schulik

Instead of Paul Schulik

Item No. 16-A should read Victoria D. Schulik

Instead of Victorin Chulik

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Victoria J. Schulik Wife & Informant
Relationship.

3421^{1/2} Marcus ave
Present Address.

Subscribed and sworn to before me this 24 day of May, 1943

My Commission expires March 4, 1944 Ben C. Paddock Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

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