

State File No.

Registrar's No. 1838

FILED AUG 14 1943
Registration District No.

Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Mt. St. Rose Sanatorium
(d) Length of stay: In hospital or institution 7/4/43 to 8/10/43
In this community 7/4/43 to 8/10/43
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 17
(c) City or town St. Louis
(d) Street No. 3425 Caroline
(e) Citizen of foreign country? 1 (Yes or No)
If yes, name country 1

3. (a) PRINT FULL NAME Schultze, John
(b) If veteran, name war None
(c) Social Security No. 497-07-7026

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month August day 10
year 1943 hour 10 minute 40 AM.

4. Sex male 5. Color or race White
6. (a) Single, widowed, married, divorced married
(b) Name of husband or wife Elizabeth Schultze
(c) Age of husband or wife if alive 56 years
7. Birth date of deceased November 27 1881
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from July 4
1943, to Aug 10, 1943
that I last saw him alive on Aug 10, 1943
and that death occurred on the date and hour stated above.

8. AGE: 61 Years 8 Months 13 Days
If less than one day 13 hr. 13 min.

Immediate cause of death Fat Embolism
Pulmonary Tuberculosis
Duration March 1941
To 8/10/43

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

Due to 1381
Other conditions (Include pregnancy within 3 months of death)

10. Usual occupation Laboratory Technician

PHYSICIAN
Major findings: Of operations

11. Industry or business Firmin DesLoge Hospital

12. Name William Schultze

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

14. Maiden name Unknown

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

16. (a) Informant Elizabeth Schultze

(b) Address 3425 Caroline Street

17. (a) Burial (b) Date thereof 8/13/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.

19. (a) AUG 11 1943 (b) J. M. Clary, M.D.
(Date received local registrar) (Registrar's signature)

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 John B. Murphy, M.D. (M.D. or other) M.D.
Address 19101 S. Broadway Date signed 8/10/43

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

MOTHER FATHER

AUG 18 1943

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

J. Allen Davis Jr.

Licensed Embalmer No. *453*

P. O. Address *City*

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.