

FILED DEC 9 1943  
1918

Registration District No.

Primary Registration District No.

1003

Registrar's No.

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:  
3650 CONNECTICUT 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 MO. (b) County 000  
(c) City or town ST. LOUIS 1716  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3650 CONNECTICUT ST.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARGARET MARIE SCHULTZ

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced SINGLE

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased: JAN 22 1892  
(Month) (Day) (Year)

8. AGE: Years 51 Months 10 Days 7 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: PEORIA ILL.  
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business \_\_\_\_\_

12. Name PETER SCHULTZ

13. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)

14. Maiden name MATHILDA GRAUER

15. Birthplace GERMANY 4  
(City, town, or county) (State or foreign country)

16. (a) Informant M

(b) Address 3650 Connecticut

17. (a) SHIP STRACTION (b) Date thereof NOV 29 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation PEORIA ILL.

18. (a) Signature of funeral director E. J. Schmur

(b) Address 3125 Lafayette Av.

19. (a) NOV 29 1943 (b) J. Bradesh  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29  
year 1943 hour 12 minute \_\_\_\_\_ p.M.

21. I hereby certify that I attended the deceased from 7. 16. 1943 to 11. 29. 1943  
that I last saw him alive on 11. 29. 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac insuff. Duration 6 Mos

Due to Carbonic liver. 6 Mos

Due to \_\_\_\_\_

Other conditions none  
(include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy no

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 Engel (M. D. or other) MO  
Address 3325 J. Bradesh Date signed 11. 29. 43

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

MOTHER FATHER

PHYSICIAN

Underline the cause to which death should be charged statistically.

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**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.....

*Jose B. Vollmer*

Licensed Embalmer No. *4014*

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.**