

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8231

FILED APR 6 1945

State File No. _____

Registration District No. **318** Primary Registration District No. _____ Registrar's No. **2805**

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 23 days
(Specify whether years, months or days)

In this community since 1899

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 17

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1411 Monroe
(If rural, give location)

(e) Citizen of foreign country? yes (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Ernest Schulze

3. (b) If veteran, name war unk

3. (c) Social Security No. unk

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 23rd
year 1945 hour 8:05 minute A. M.

21. I hereby certify that I attended the deceased from 2/25/45
19____, to 2/23/45 19____;

that I last saw him alive on 2/23/45 19____;
and that death occurred on the date and hour stated above.

4. Sex male () race white

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 February 19th, ??
(Month) (Day) (Year)

Immediate cause of death Bronchopneumonia - 2d
Duration

Due to _____

Due to _____

Other conditions (Carcinoma stomach resected)
(Include pregnancy within 3 months of death)

8. AGE: Years abt 77 Months - Days -
If less than one day _____ hr. _____ min.

Major findings: Pyloric

Of operations: Pyloric

Of autopsy: Bronchopneumonia

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Nil

11. Industry or business _____

MOTHER FATHER { 12. Name Goetli

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

14. Maiden name Anella

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

16. (a) Informant M. Renard

(b) Address St. Louis City Hospital

17. (a) MAR 28 1945 Date thereof 3 29 45
(Burial, or date of removal) (Month) (Day) (Year)

(c) Place: burial or cremation City Cemetery

18. (a) Signature of funeral director W. J. White

(b) Address City Hospital, P.O.

19. (a) MAR 28 1945 (Date received local registrar) J. J. Bredek (Registrar's signature)

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?
(Specify type of place)

While at work? _____ (e) Means of injury _____

23. Signature W. J. White Date signed 2/23/45

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.....

Licensed Embalmer No.....

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.