. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

19191

State File No.

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5197

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:
2051 Maury Ave.
(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: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2051 Maury Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Belle Schultz

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife Herman F. Schultz

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September (Month) 9 (Day) 1869 (Year)

8. AGE: Years 75 Months 9 Days 2 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Andrew J. Moody
13. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

MOTHER
14. Maiden name Sarah Hendricks
15. Birthplace Unknown (City, town, or county) Illinois (State or foreign country)

16. (a) Informant Elsie Schultz
(b) Address 2051 Maury Ave.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 6-11-45 (Month) (Day) (Year)
(c) Place: burial or cremation Webb City, Missouri

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

19. (a) JUN 12 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 11
year 1945 hour 12:45 minute A. M.

21. I hereby certify that I attended the deceased from 4-7, 1945 to June, 1945
that I last saw her alive on 5-21, 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Cerebral Hemorrhage Hypertension	
Due to Arteriosclerosis	
Due to Chronic Myocarditis	
Other conditions Senility (Include pregnancy within 3 months of death)	

Major findings:
Of operations none
Of autopsy none

93

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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Mc Macon (M. D. or other) M.D.
Address 1200 S. Big Bend, St. Louis, Mo. Date signed 6-12-45

(Licensed Embalmer's Statement on Reverse Side)

5197

5197

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 Albert G. Hoppe

Licensed Embalmer No. 2971

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.