

FILED MAR 4 1946 STANDARD CERTIFICATE OF DEATH

State File No. 1

Registration District No. 317

Primary Registration District No. 3064

Registrar's No. 475

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ferguson
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
707 Woodlawn Drive
(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 Missouri (b) County St. Louis 96

(c) City or town Ferguson 1
(If outside city or town limits, write "RURAL")

(d) Street No. 707 Woodlawn Drive 2
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Minnie Schultz

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife John H. Schultz 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: February 24 1875
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>70</u>	<u>11</u>	<u>28</u>	hr. _____ min. _____

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

10. Usual occupation home

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Richard J. Schultz

(b) Address 3433 McKean, St. Louis, Mo.

17. (a) burial (b) Date thereof Feb. 23, '46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Hill, Belleville 116
(City, town, or county) (State or foreign country)

18. (a) Signature of funeral director Wacker-Heldt 111
(City, town, or county) (State or foreign country)

(b) Address 3634 Gravois Avenue
(City, town, or county) (State or foreign country)

19. (a) 2-23-46 (b) W. J. Stuehle 118
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day twenty-first
year 1946 hour 2 minute 50 A. M.

21. I hereby certify that I attended the deceased from Feb 7
1946 to Feb 21 1946
that I last saw her alive on Feb 21 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Terminal Pneumonia 24 hrs

Due to Carcinoma of Stomach 6 weeks

Due to 46 hrs

Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: none

Of operations _____

Of autopsy none

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) none

(b) Date of occurrence none

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? none

(e) While at work? none (f) Means of injury none

23. Signature: W. J. Stuehle (M. D. or other) MD
Address: 7124 Natural Bridge Date signed 2-21-46

WRITE PLAINLY—USE UNFADING INK—MAKE A PERMANENT RECORD

MOTHER FATHER

MAR 8 1946

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 Robert Wheeler
Licensed Embalmer No. 2128
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.