No. 2
5-43
-17-39
X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 5 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 17837

Registration District No. 305 Primary Registration District No. 6047 Registrar's No.

1. PLACE OF DEATH:
(a) County: St. Charles
(b) City or town: Old Monroe Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: --------
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: ------ (Specify whether years, months or days)
In this community: ------

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Charles
(c) City or town: Old Monroe Rural
(If outside city or town limits, write "RURAL")
(d) Street No.: -------
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country: ----------

3. (a) PRINT FULL NAME: Herman H. Schulz
3. (b) If veteran, name war: ----------
3. (c) Social Security No.: ------
4. Sex: M
5. Color or race: W
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mary Schulz
6. (c) Age of husband or wife if alive: 72 years
7. Birth date of deceased: May (Month) 14 (Day) 1862 (Year)
8. AGE: Years 83 Months 11 Days 15 If less than one day ___ hr. ___ min.
9. Birthplace: St. Louis Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation: Resort keeper
11. Industry or business: ---------
FATHER
12. Name: Schulz
13. Birthplace: Germany (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name: Ornshaw
15. Birthplace: Germany (City, town, or county) (State or foreign country)
16. (a) Informant: Mrs. Mary Schulz
(b) Address: Old Monroe Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 5-1-1946 (Month) (Day) (Year)
(c) Place: burial or cremation: Old Monroe Mo.
18. (a) Signature of funeral director: Wilder & Keithly
(b) Address: Old Monroe Mo.
19. (a) 6-7-46 (Date received local registrar) (b) Mrs Jesse Lewis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 29 year 1946 hour 2 minute 10 A.M.
21. I hereby certify that I attended the deceased from April 20, 1946 to April 29, 1946 that I last saw him alive on April 28, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis (Chronic)
Due to: Arterial Sclerosis
Due to: Old Age
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations: No
Of autopsy:

Duration

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: J. C. Neundorf (M. D. or other) MD
Address: Old Monroe Mo. Date signed: 4/5/46

277

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 6-4-46

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 E A Keithly

Licensed Embalmer No. 822

P. O. Address O'Fallon 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.

No. 2B
?—3-45
X43880

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. Iuna

Registration District No. 305 Primary Registration District No. 6047 Registrar's No.

1. PLACE OF DEATH:

(a) County St Charles

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

(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)

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

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

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

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

If yes, name country

3. (a) PRINT FULL NAME Herman H. Schulz

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased May (Month) 14 (Day) 1863 (Year)

8. AGE: Years 82 Months 11 Days 5 If less than one day hr. min.

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

10. Usual occupation

11. Industry or business

FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

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

16. (a) Informant
(b) Address

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation

18. (a) Signature of funeral director
(b) Address

19. (a) 6/4/46 (Date received local registrar) (b) Mrs. Jessa Lewis (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH Month April Day 9 year 1946 hour 10 minute M.

21. I hereby certify that I attended the deceased from , 19 to , 19 ; that I last saw h alive on , 19 ; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death	
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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 (M. D. or other)
Address Date signed

SUPPLEMENTARY

17837