

S. No. 2
DM-5-43
v. 5-17-39
I X36671

29052

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. **7098**

FILED AUG 27 1946
Registration District No. **318** Primary Registration District No. **1003**

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

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: **City Sanitarium 0**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1 mo. 5 days**
In this community **67 years**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **1577**
(d) Street No. **4648 Pennsylvania Ave.**
(If rural, give location) **9**
(e) Citizen of foreign country? **No** (Yes or No) **0**
If yes, name country _____

3. (a) PRINT FULL NAME **JOHN SCHULTES**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Mar.**
6. (b) Name of husband or wife **Mathilda Schuktes** 6. (c) Age of husband or wife if alive **?** years
7. Birth date of deceased **6 22 1880**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 1 20 hr. min.

9. Birthplace **St. Louis, Missouri**
(City, town, or county) (State or foreign country)

10. Usual occupation **Accountant**

11. Industry or business **City of St. Louis**

MOTHER FATHER

12. Name **Adam Schultes** 4
13. Birthplace **Germany**
(City, town, or county) (State or foreign country)

14. Maiden name **Mathilda Wetzel** 4
15. Birthplace **Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **M. C. Davenport**
(b) Address **5400 Arsenal St.**

17. (a) **Burial** (b) Date thereof **Aug-15-46**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Engelmann Mortuary**
(b) Address **4228 S. Kingshighway**

19. (a) **AUG 15 1946** (b) **J. F. Bredeek**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **8** day **12**
year **1946** hour **10:25** minute **P.M.**
21. I hereby certify that I attended the deceased from **7-8-46** to **8-12-46**
that I last saw **him** alive on **Aug. 12,** 19**46**
and that death occurred on the date and hour stated above.

Immediate cause of death **Pericarditis, acute, fibropurulent** Duration **1 wk.**

Due to **Broncho-pneumonia**

Due to _____
Other conditions (Include pregnancy within 3 months of death) **107**

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? _____

While at work _____ (Specify type of place) (i) Means of injury **0**
23. Signature **Paul T. Hartman** (M. D. or other) **M.D.**
Address **5400 Arsenal St.** Date signed **8-12-46**

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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

Richard W. Storrson

Licensed Embalmer No. 4009

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.