

No. 2
M-5-43
5-17-39
I X36671

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32203

FILED OCT 7 1946
#62883
318
Registration District No.

Primary Registration District No. 1003

State File No.

Registrar's No. 2942

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-Max C. Starkloff Memorial
(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 000

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

(d) Street No. 2507a N. 10th St.
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME JOHN CHARLES SCHULZE

(b) If veteran, name war no

(c) Social Security No. 490-14-6046

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 226th
year 1946 hour 6:40 minute P M.

21. I hereby certify that I attended the deceased from 9/21/46
_____, 19____, to Sept. 26th, 19 46
that I last saw h. in live on Sept. 26th, 19 46
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white

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

6. (b) Name of husband or wife Dora

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

7. Birth date of deceased August 27th 1871
(Month) (Day) (Year)

Immediate cause of death Hepatitis W auto

Due to _____

Due to _____

Other conditions Hemipia - renal stone etc
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

<u>75</u>	<u>0</u>	<u>29</u>	hr. min.
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Major findings: Of operations not done

Of autopsy above

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Moulder

11. Industry or business Unemployed

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)
(c) Means of injury 0

23. Signature M. H. ... 1515 Lafayette 9/27/46
Address _____ Date signed _____

MOTHER FATHER

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mrs. Dora Schulze

(b) Address 2507a N. 10th St.

17. (a) burial (b) Date thereof 9-20-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director A. Kron U&L Co.

(b) Address 2707 N. Grand Blvd.

19. (a) SEP 28 1946 J. J. Bredbeck
(Date received local registrar) (Registrar's signature)

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

Embalmer separate Cert filed

SEP 28 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.....

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.