

No. 2
1-5-43
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 18 1946

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **39068**
9496
Registrar's No. _____

Registration District No. _____ Primary Registration District No. **1003**

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:
50.67 Cote Brilliant 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 About 75 Years years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 50.67 Cote Brilliant Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Mary Ann Schulze
3. (b) If veteran, name war no
3. (c) Social Security No. _____

4. Sex Female **5. Color or race** White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Schulze (Deceased)
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased 7 26 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
83 3 8 hr. min.

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

10. Usual occupation Housework

11. Industry or business _____

MOTHER FATHER

12. Name Frederick Schulze 4
13. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)
14. Maiden name Mary Ann Lampke
15. Birthplace Unknown Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Raymond Schulze
(b) Address 1443 n Union

17. (a) Burial (b) Date thereof 11 -7-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mount Olive Cemetery

18. (a) Signature of funeral director J. F. Prudek
(b) Address 2228 St. Louis, Ave.

19. (a) NOV 6 1946 (b) J. F. Prudek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 11 day 4
year 1946 hour 8 minute a M.
21. I hereby certify that I attended the deceased from June
1946, 19, to 11/4/1946, 19;
that I last saw her alive on 11/4/1946, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death
Myocarditis
Chronic
Due to Coronary
Myocardia
Due to _____
Other conditions:
(Include pregnancy within 3 months of death)
9/30

Duration
PHYSICIAN
Underline the cause to which death should be charged statistically.

Major findings:
Of operations _____
Of autopsy _____

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)
(e) Means of injury _____

23. Signature J. O. Peller (M. D. or other)
Address 2403 W. Harrison Date signed 11/5/46

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

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 Maxie A. Cashin
Licensed Embalmer No. 3949
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.