

S. No. 2
M-5-43
5-17-39
I X36871

FILED JAN 16 1947

State File No.

Registration District No. 31947

Primary Registration District No. 6076

Registrar's No. 13

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

1. PLACE OF DEATH:

(a) County Saint Louis Co. Missouri.

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

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

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

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

(d) Street No. # 2 Woodshire Lane.
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Louis A. Schulz

(b) If veteran, name war..... (c) Social Security No.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 5th.
year 1947. hour..... minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....;

4. Sex Male 5. Color or race White

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

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

7. Birth date of deceased June 21st, 1900.
(Month) (Day) (Year)

that I last saw h..... alive on....., 19.....,
and that death occurred on the date and hour stated above.

Immediate cause of death self-inflicted
gunshot wound of head

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>6</u>	<u>14</u>	hr. min.

Due to.....

Due to.....

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations.....

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

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

10. Usual occupation Interior Decorator.

11. Industry or business.....

MOTHER FATHER { 12. Name Louis J. Schulz

13. Birthplace Saint Louis, Missouri.
(City, town, or county) (State or foreign country)

14. Maiden name Unknown.

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

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide

(b) Date of occurrence January 5, 1947.

(c) Where did injury occur? St. Louis County, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
At home. (Specify type of place) Gunshot

16. (a) Informant Duncan Elly

(b) Address # 2 Woodshire Lane

17. (a) Burial (b) Date thereof Jan. 8, 1947.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery.

18. (a) Signature of funeral director Ziegenfuss Bros.

(b) Address 8409 Gravois Ave.

19. (a) 1-8-47 (b) Rudolph Ellen
(Date received local registrar) (Registrar's signature)

While at work?..... (c) Means of injury wound

23. Signature Ernald J. Willmann (M. D. or other)
Address Clayton, Mo Date signed 1/7/47

JAN 7 1948

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 *Homer W. Fritz*

Licensed Embalmer No. *3882*

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.