

S. No. 2
-12-45
5-17-39
-1 X47070

DEPARTMENT OF HEALTH
FILED APR 23 1947

STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15876
Registrar's No. 88832

Registration District No. 317
Primary Registration District No. 3069

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(c) Name of hospital of institution St. Anthony's Hospital
(d) Length of stay: In hospital or institution 5 days
In this community life

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St Louis 17
(d) Street No. 4219 Humphrey (If rural, give location) 7
(e) Citizen of foreign country? (Yes or No) 1
If yes, name country

3. (a) PRINT FULL NAME Betty Ann Paula Schulz
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex female 5. Color or race white
6. (a) Single, widowed, married, divorced female
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased January 5, 1947

8. AGE: Years Months Days If less than one day
0 3 11 hr. min.

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

10. Usual occupation
11. Industry or business

MOTHER FATHER
12. Name Louis Schulz
13. Birthplace St. Louis Missouri
14. Maiden name Audrey Brauns
15. Birthplace St. Louis Missouri

16. (a) Informant Louis Schulz
(b) Address 4219 Humphrey
17. (a) burial (b) Date thereof 4/18/47
(c) Place: burial or cremation Lakewood Park Cem.
18. (a) Signature of funeral director J. L. Ziegenhein & Sons
(b) Address 7022 Gravois

19. (a) 4-18-47 (b) Paula Schapka
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Apr. day 16
year 1947 hour 4 minute 0 A.M.
21. I hereby certify that I attended the deceased from Apr. 12, 1947, to Apr. 16, 1947
that I last saw her alive on Apr. 15, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Enteritis, acute
Duration 7 Days
Due to 119
Due to
Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations
Of autopsy Nothing of note
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?

23. Signature T. S. Schorschky (M.D. or other) M.D.
Address 536 N. Taylor Date signed 4-17-47

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 *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *7027 Gravois*

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.