U. S. No. 2
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ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED OCT 14 1947

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 32248

Registration District No. 316 Primary Registration District No. 3061 Registrar's No. 336

94
5
2

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Flat River, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(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 Mo. (b) County St. Francois 94
(c) City or town Flat River, Mo. 5
(If outside city or town limits, write "RURAL")
(d) Street No. 409 Houser 2
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Mrs. Mary Ann Schultz
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 Married
6. (b) Name of husband or wife Mr. Henry Schultz
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Feb. (Month) 3. (Day) 1878. (Year)

8. AGE: Years 69 Months 8 Days If less than one day hr. min.

9. Birthplace Mine La Motte, Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Mr. Felix Beck
13. Birthplace Germany (City, town, or county) 1 (State or foreign country)
MOTHER
14. Maiden name Anna Saffa
15. Birthplace New Orleans (City, town, or county) Louisiana (State or foreign country)
16. (a) Informant Mrs. Doyle Pock (daughter)
(b) Address Crane St. Flat River, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 5-1947 (Month) (Day) (Year)
(c) Place: burial or cremation Yount Cemetery - Yount Mo.
18. (a) Signature of funeral director Alwin W. Hood
(b) Address 303 Crane St. Flat River, Mo.
19. (a) 10-4-47 (Date received local registrar) (b) Esther Rudloff (Registrar's signature) 299

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 3
year 1947 hour 5 minute 15A M.
21. I hereby certify that I attended the deceased from Feb 1 1947 to Oct 3 1947
that I last saw her alive on Oct 3 1947
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary Occlusion	
Due to Arteriosclerosis	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy 94	

PHYSICIAN
Underline the cause of 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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature C. H. Applebery (M. D. or other M.D.)
Address Flat River Mo Date signed 10-4-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 1047 - 1309

Date Filed 10-13-47

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 Alvin W. Hood.

Licensed Embalmer No. 2780.

P. O. Address 303 Crane St. Flat River

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.