S. No. 2
M—1/47
. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 36241

FILED NOV 3 1947

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 9632

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

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: 1502 S. JEFFERSON (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 ...

(c) City or town St Louis (If outside city or town limits, write "RURAL") 17

(d) Street No. 1502 S. JEFFERSON (If rural, give location) 9

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(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Sophia Schults

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEM

5. Color or race W

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

6. (b) Name of husband or wife MARK SCHULTS

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

7. Birth date of deceased FEB (Month) 11 (Day) 1862 (Year)

8. AGE: Years 85 Months 8 Days 4 If less than one day hr. min.

9. Birthplace PRAIRIE CTY (City, town, or county) MO (State or foreign country)

10. Usual occupation NIL

11. Industry or business

FATHER
12. Name ? BURNS
13. Birthplace (City, town, or county) MO (State or foreign country)

MOTHER
14. Maiden name ARTHIE UNKNOWN
15. Birthplace (City, town, or county) MO (State or foreign country)

16. (a) Informant Mr Ben Schults

(b) Address 1502 S. Jefferson av

BURIAL ~~REMOVAL~~ (Burial, cremation, or removal) (b) Date thereof Oct 18-47 (Month) (Day) (Year)

(c) Place: burial or cremation FREDRICKTOWN, MO

18. (a) Signature of funeral director E. J. Schnur

(b) Address 3125 Lafayette

19. (a) OCT 17 1947 (Date received local registrar) J. F. Bradack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 15 year 1947 hour 11 minute 50 p.M.

21. I hereby certify that I attended the deceased from Oct 14, 1947, to Oct 15, 1947 that I last saw her alive on Oct 15, 1947; and that death occurred on the date and hour stated above.

Immediate cause of death cerebral thrombosis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

Duration

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 A. L. Merklin (M. D. ~~or other~~)

Address 3507 Potomac Date signed 10-16-47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side) Anton L. Merklin 3507 Potomac

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.