

FILED DEC 15 1947

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH:

(a) County St. Louis
 (b) City or town St. Louis
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Alexian Brothers Hospital
 (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)

3. (a) PRINT FULL NAME William Schulze

3. (b) If veteran, name war no 3. (c) Social Security No. no

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

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

7. Birth date of deceased September 25 1869
 (Month) (Day) (Year)

8. AGE: Years 78 Months 2 Days 11 If less than one day _____ hr. _____ min.

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

10. Usual occupation Brick Layer Retired

11. Industry or business _____

12. Name Christian Schulze

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

14. Maiden name Unknown

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

16. (a) Informant Miss Caroline Schulze

(b) Address 721 Lemay Ferry Road, Lemay 23, Mo

17. (a) Burial (b) Date thereof Dec. 9, 1947
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Cemetery C. Hoffmeister U. & L. Co.

18. (a) Signature of funeral director _____

(b) Address 7814 S. Broadway

19. (a) DEC 8 - 1947 (b) J. F. Brueck
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96
 (c) City or town Lemay
 (If outside city or town limits, write "RURAL")
 (d) Street No. 721 Lemay Ferry Road.
 (If rural, give location)
 (e) Citizen of foreign country? no (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 6
 year 1947 hour 9 minute 45 A. M.

21. I hereby certify that I attended the deceased from Sept 20, 1947, to Dec 6, 1947
 that I last saw him alive on Dec 6, 1947
 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of lungs Duration 1 year
 Due to _____
 Due to _____

Other conditions Arteriosclerosis Chronic
 (Include pregnancy within 3 months of death)

Major findings: Of operations _____ Of autopsy H&E
 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? _____

While at work? _____ (Specify type of place) (e) Means of injury 0
 23. Signature J. F. Brueck (M.D. or other) _____
 Address 7702 Lemay Date signed 12/7/47

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

MOTHER FATHER

Dr. R. C. Driggs

6.30 - 8 PM

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 *Harry J. Schumacher*

Licensed Embalmer No. *2679*

P. O. Address. *7814 S. Broadway*

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