

STANDARD CERTIFICATE OF DEATH

Registration District No. **318**

Primary Registration District No. **1003**

WRITE PLAINLY—USE 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:
4557 Chouteau Ave.
(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 THEODORE L. SCHULTZ SR.

3. (b) If veteran, name war None 3. (c) Social Security No. _____

4. Sex Male 1) 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Marie 6. (c) Age of husband or wife if alive 57 years
7. Birth date of deceased July 28 1882
(Month) (Day) (Year)

8. AGE: Years 68 Months 5 Days 0 If less than one day _____ hr. _____ min.

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

10. Usual occupation Iron Worker

11. Industry or business Laclede Stoker Co.

12. Name Herman Schultz

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

14. Maiden name Adeline Unknown

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

16. (a) Informant Anna M. Schultz

(b) Address 4557 Chouteau Ave.

17. (a) Burial (b) Date thereof 12 31 48
(Burial, cremation, or removal) (Month) (Day) (Year)

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

18. (a) Signature of funeral director Kriegerhauser Und. Co.

(b) Address 4228 So. Kingshighway Bl.

19. (a) DEC 29 1948 (b) J. B. [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4557 Chouteau Ave.
18 (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 28
year 1948 hour 3:15 minute P. M.

21. I hereby certify that I attended the deceased from 10/4/44
_____, 19____, to 12/17, 1948
that I last saw him alive on 12/17, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary thrombosis Failure

Due to Coronary artery Disease

Due to _____

Other conditions none
(Include pregnancy within 3 months of death)

Major findings:
Of operations none

Of autopsy none

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

(a) Accident, suicide, or homicide (specify) none

(b) Date of occurrence _____

(c) Where did injury occur? none
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? no

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature Preston C. Hall (M. D. or other) MD
Address 3402 Lafayette Date signed 12/29/48

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Richard W. Stoverand

Licensed Embalmer No. 4007

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.