

FILED DEC 31 1948

Registration District No. 377

Primary Registration District No. 3463

Registrar's No. 2802

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

6
2
3

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town CLAYTON
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 6 DAYS (Specify whether years, months or days)

In this community 74 YEARS

3. (a) PRINT FULL NAME FRED SCHULTZ

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MINNIE HEIMWENGER

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased MAR. 31 1874
(Month) (Day) (Year)

8. AGE: Years 74 Months 8 Days 1
If less than one day hr. _____ min. _____

9. Birthplace COOK Co. ILL.
(City, town, or county) (State or foreign country)

10. Usual occupation NONE

11. Industry or business NONE

12. Name HENRY SCHULTZ

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

14. Maiden name MARGARET FISCHACK

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

16. (a) Informant St. Louis County Hospital

(b) Address CLAYTON, Mo.

17. (a) BURIAL (b) Date thereof 12/6/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. PETERS CEMETERY

18. (a) Signature of funeral director CALVIN I. FEUTZ

(b) Address 4828 NATURAL BRIDGE BL.

19. (a) 12-2-48 (b) Thurid Lehman
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis Co

(c) City or town OVERLAND
(If outside city or town limits, write "RURAL")

(d) Street No. 2625 CARSON RD
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month DEC. day 2
year 1948 hour 2 minute 25 P.M.

21. I hereby certify that I attended the deceased from NOV. 26, 1948, to DEC. 2, 1948
that I last saw him alive on DEC. 2, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death uremia

Due to nephrosclerosis

Due to arteriosclerosis

Other conditions arteriosclerotic heart disease with auricular fibrillation
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy 9375

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) Months of injury _____

23. Signature W. W. Miller (M. D. or other) _____
Address 601 S. DEENWOOD, CLAYTON Date signed 12-2-48

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.....

John A. Minar

Licensed Embalmer No. *4186*

P. O. Address. *St. Louis Mo*

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.