

**MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH**

Do not use this space.

16687

**1. PLACE OF DEATH**

County..... Registration District No. **791**  
 Township..... Primary Registration District No. **1903** File No. **14617**  
 City **St. Louis** **Emont City Hospital** Registered No. **14617** St. .... Ward)

**2. FULL NAME**

(a) Residence. No. **3840 So. Main St., 24** Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF **Elizabeth Schulz**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Oct 8 - 1874**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<b>52</b>	<b>7</b>	<b>8</b>	

8. OCCUPATION OF DECEASED  
 (a) Trade, profession, or particular kind of work **Laborer**  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**

10. NAME OF FATHER **Jacob Schulz**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**

12. MAIDEN NAME OF MOTHER **Barbara Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**

14. INFORMANT **Elizabeth Schulz**  
 (Address) **3840 So. Main**

15. FILED **MAY 17 1927**  
 19..... **Max G. Starckoff**  
 Registrar

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **May 16 1927**

17. I HEREBY CERTIFY, That I attended deceased from ..... 19..... and that I last saw him..... alive on..... 19..... and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH\*\* WAS AS FOLLOWS:  
**Shock & Injuries (Laceration of Heart, due to fracture Sternum) Sustained by Auto**  
 CONTRIBUTORY (SECONDARY) **City - Criminal Carelessness**

18. WHERE WAS DISEASE CONTRACTED **1880**

IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF.....

WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) **R. W. Witt** M. D.  
 19 **27** (Address) **Coronet**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL **S.S. Peter & Paul** DATE OF BURIAL **5-18 1927**

20. UNDERTAKER **Witt Bros Ltd Co 2929 So. Jefferson** ADDRESS

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

