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

Do not use this space. 3112

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 726

City St Louis (No. Christian Hospital St. ..... Ward)

2. FULL NAME Ralph K. Schultz

(a) Residence. No. 5004 Alcott Ave. St., 7 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 13 1907

7. AGE: YEARS 21 | MONTHS | DAYS 7 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Stenographic
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer: Safety Ins. Pullman Co.

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) Creston Ia.

PARENTS

10. NAME OF FATHER: Walter Schultz
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ill.
12. MAIDEN NAME OF MOTHER: Bertha Soper
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ill.

14. INFORMANT: Bertha Schultz
(Address) Murray Ia.

15. FILED JAN 20, 1928 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 20 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan. 1, 1928 to Jan. 20, 1928 that I last saw him alive on Jan. 20, 1928 and that death occurred, on the date stated above, at 5:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Acute Lymphatic Leukemia

72 H (duration) ..... yrs. ..... mos. 20 ds.

CONTRIBUTORY (SECONDARY) 65 A (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? .....

0 DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Blood Analysis

(Signed) Allen N. Roe M.D

1/20, 1928 (Address) 1601 Blair Ave

*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: Murray Ia. | DATE OF BURIAL: Jan 21 1928

20. UNDERTAKER: Thos. H. Biedermeier | ADDRESS: 1936 St Louis Av.

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.