WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

25313

File No.

Registered No. 7546.

1. PLACE OF DEATH

County

Township

City St Louis (No. 5882 Julian St. Ward)

Registration District No. 791

Primary Registration District No. 1003

2. FULL NAME Sarah Shultz

(a) Residence. No. 5882 Julian St., 5 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 25, 1840

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
90	2	3	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Home
(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) Kansas

PARENTS

10. NAME OF FATHER George Beaty

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

12. MAIDEN NAME OF MOTHER Susie Kelley

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

14. INFORMANT Susie Jones
(Address) 5882 Julian

15. (FILED) JUL 28 1930 Max C. Starkoff REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 28 1930

17. I HEREBY CERTIFY, That I attended deceased from May 10 1930 to July 28, 1930 that I last saw her alive on July 26, 1930 and that death occurred, on the date stated above, at 10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Myocarditis
93C
162 (duration) 1 yrs. — mos. — ds.

CONTRIBUTORY (SECONDARY) Debility of age
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? 90B
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Wm J Langan Sr, M. D.
7-28, 1930 (Address) 2806 N. Grand Av

*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	DATE OF BURIAL
St Mathews Cem	July 29, 1930

20. UNDERTAKER	ADDRESS
Liehmann Harrel	1905 Union

Mr. Langan, Sr.
5803 Plymouth
About 2 PM