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

Do not use this space.

19248

1. PLACE OF DEATH
County St. Louis — Registration District No. 1123 — File No.
Township CARONDELET — Primary Registration District No. 6248 E — Registered No. 184
City (No. 347 Goetz St. Ward)

2. FULL NAME Edward Schulze
(a) Residence. No. 347 Goetz St., 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)
Male	White	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 30 - 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	75	11	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Laborer 237
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Germany 10
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Frederick Karl Schulze
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) 11 31

14. INFORMANT Augusta Schulze
(Address) 347 Goetz av

15. FILED May 13 1931 L. C. Obrock M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 12 1931

17. I HEREBY CERTIFY, That I attended deceased from Mch 1st, 1931, to May 12, 1931, that I last saw him alive on May 11, 1931, and that death occurred, on the date stated above, at 7 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Bronchitis chron
Anemia & gastro enteritis
1 Va Pa
91 B (duration) 1 yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
8 106 B
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) B. F. Tate, M. D.
, 19 (Address) 9439 Edgar 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	DATE OF BURIAL
St. Trinity Luth	5/15 1931

20. UNDERTAKER C. Hoffmeister N & L to — ADDRESS 7814 S Bluny

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 29 1931