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

Do not use this space.

39243

File No. 11421

Registered No.

1. PLACE OF DEATH

County

Township

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

Registration District No. 701

Primary Registration District No. 1002

2. FULL NAME John Schulz

(a) Residence. No. 6535 Manchester Ave St., 4 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 Dora Schulz

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 4 - 1865

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
66	2	7	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Feed-Merchant
(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) Missouri

PARENTS

10. NAME OF FATHER John Schulz

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

12. MAIDEN NAME OF MOTHER Mary John

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

14. INFORMANT Dora Schulz
(Address) 6535 Manchester Ave

15. FILED NOV 13 1931 Ray C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 11 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug. 15, 1931, to Nov. 11, 1931, that I last saw him alive on Nov. 11, 1931, and that death occurred, on the date stated above, at 9 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis (Chronic) 1 yr

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Cardio-renal-vascular disease & hypertension 2 yrs.

(duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Auscultation

(Signed) Victor L. Gould, M. D.

Nov 12, 1931 (Address) 1807 Watson

*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 New St Marcus Cemetery — DATE OF BURIAL Nov 14 1931

20. UNDERTAKER Louis H. Bopp — ADDRESS Kirkwood Mo

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.