

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

Do not use this space.

1. PLACE OF DEATH

County Registration District No. 791
 Township Primary Registration District No. 1003
 City St. Louis (No. Lutheran Hospital) St. _____ Ward _____

File No. 39586
 Registered No. 11781

2. FULL NAME

(a) Residence, No. 4115 1/2 Kabadie St. 11 Ward. (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

MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OF (OR) WIFE OF <u>Herman E. Schulz</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 26, 1856</u>				
7. AGE	YEARS <u>77</u>	MONTHS <u>5</u>	DAYS <u>27</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home 1878</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>1878</u>			
	10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation. <u>67</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Maryland</u>				
FATHER	13. NAME <u>Joseph Franz</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
MOTHER	15. MAIDEN NAME <u>Mary Holzhansen</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
17. INFORMANT <u>Carl J. Reincke</u> (ADDRESS) <u>4906 Maple St</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park Cem.</u> DATE <u>Nov. 27, 1931</u>				
19. UNDERTAKER <u>Dreherman Funeral</u> (ADDRESS) <u>1905 Union Blvd</u>				
20. FILED <u>Nov 20 1931</u> <u>Mary E. Vanden</u> Registrar				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 25, 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov. 17-, 1931, to Nov. 23-, 1931
 I last saw her alive on Nov. 23, 1931. Death is said to have occurred on the date stated above, at 10:20 P.
 The principal cause of death and related causes of importance were as follows:
obstruction of bowels.
General toxemia and
uremia due to Toxemia
renal debility
 Date of onset 11-17-31
11-21-31

Other contributory causes of importance:
chronic gall bladder infection
for 10 or more years.
Chronic cholecystitis

Name of operation none Date of _____
 What test confirmed diagnosis? Clinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____
 Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? yes
 If so, specify _____
 (Signed) L. F. Murray, M. D.
 (Address) 1931 D. S. 9th St

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.

No. 1 of 1831

1831. 59 2 1

9-10