

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

MARGIN RESERVED FOR BINDING

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.

2518

1. PLACE OF DEATH

County St. Louis Mo. Registration District No. 79
 Township St. Louis Mo. Primary Registration District No. 6003
 City St. Paul Hospital

File No. _____
 Registered No. 208
 St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 3931a Shrewsbury 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Drene Schultz</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-25-1884</u>				
7. AGE YEARS <u>47</u>	MONTHS <u>X</u>	DAYS <u>9</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>Sainter</u>			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>69</u>			
	10. Date deceased last worked at this occupation (month and year) _____		11. Total time (years) spent in this occupation _____	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany 16</u>				
FATHER	13. NAME <u>Joe Schultz</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	15. MAIDEN NAME <u>Not known</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>			
	17. INFORMANT (ADDRESS) <u>Mrs Drene Schultz 3931a Shrewsbury Ave</u>			
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cemetery</u> DATE <u>1-9-1922</u>				
19. UNDERTAKER (ADDRESS) <u>Wm. Lechner 2412 W. 11th St. St. Louis</u>				
20. FILED <u>JAN - 7 1922</u> <u>Wm. E. Stamer</u> Registrar				

THE MEDICAL CERTIFICATE OF DEATH
No Physician in Attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4, 1922

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw h..... alive on....., 19____. Death is said to have occurred on the date stated above, at 4:00 P. m.

The principal cause of death and related causes of importance were as follows:
Gunshot Wound of Chest Date of onset _____

Whether Accidental or Intentional could not be ascertained

Other contributory causes of importance: ascertained

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

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? _____
 If so, specify _____
 (Signed) Wm. Lechner M.D.
 (Address) 2412 W. 11th St. St. Louis

