

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

Do not use this space.

6776

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**
(No. **De Paul Hospital**)

File No.....
Registered No. **1854**
St. Ward)

2. FULL NAME

(a) Residence, No. **38 p 4 Condit Ave** St. **6** Ward. **Pine Lawn Mo.**
(Usual place of abode)

Pine Lawn Mo.
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. **5** ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female**
4. COLOR OR RACE **White**
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Henry W. Schultze**
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **5-8-1887**
7. AGE YEARS **44** MONTHS **9** DAYS **17** If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Housewife**
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **235**
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) **St Louis Mo**

13. NAME **Henry Freese**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Mo**

15. MAIDEN NAME **Augusta Fraumbach**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **Henry W. Schultze Pine Lawn Mo**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **2/27 1932**

19. UNDERTAKER (ADDRESS) **W. A. Stock and Co 2117 E. Grand Blvd**

20. FILED **26** **W. A. Stock** Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 25 1932**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 16 32** to **Feb 24 32**

I last saw him alive on **Feb 27 32** Death is said to have occurred on the date stated above, at **4:15 A.** m.

The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus
59
131
59
Other contributory causes of importance: **Chronic Nephritis**

Name of operation..... Date of.....
What test confirmed diagnosis? **Woodruff** 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..... **D**

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify **Ray M. Duffey** M. D.

(Signed) **Ray M. Duffey** M. D.
(Address) **6432 N. 7th St**

N. B.—Every item of information furnished on this certificate is very important. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

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