

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.

21531

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1003
 City..... (No. ISOLATION HOSPITAL)

File No. 6099
 Registered No. 6099
 St. _____ Ward _____

2. FULL NAME

Sally Schultz
 (a) Residence, No. 1014 Graham St., 22 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred _____ yrs. _____ mos. 21 ds. How long in U. S., if of foreign birth? _____ yrs. _____ mos. _____ ds.
 (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 8, 1932
 7. AGE YEARS 0 MONTHS 0 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Infantry
 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.

FATHER
 13. NAME Alfred Schultz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Huldstrand

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) ISOLATION HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL PLACE Herman, Mo. DATE June 30, 1932

19. UNDERTAKER (ADDRESS) A. J. M. Oughlin

20. FILED JUN 30 1932 Max C. [Signature] Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 29, 1932

22. I HEREBY CERTIFY That I attended deceased from June 29, 1932 to June 29, 1932
 I last saw him alive on June 29, 1932 Death is said to have occurred on the date stated above, at 5:30 m.
 The principal cause of death and related causes of importance were as follows:

Measles
 Date of onset 6-18
 Other contributory causes of importance:
Labial Pyramonia
Pleural effusion left

Name of operation None Date of _____
 What test confirmed diagnosis Robert Costello Was there an autopsy? Yes

23. If death was due to external causes (violence, accident, etc.) specify the following:
 Accident, suicide, or homicide _____ Date of injury _____ 19____
 Where did injury occur? Mo.
 (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) John Scheubauer M. D.
 (Address) ISOLATION HOSPITAL

