

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

Do not use this space.

33983

1. PLACE OF DEATH

County..... Registration District No. *7802*
 Township..... Primary Registration District No. *20003*
 City *St. Louis Mo.* (No. *Little Sisters of Poor*)
2509 Weber St. Ward)

2. FULL NAME

Joseph Schultzy
 (a) Residence, No. *Little Sisters of Poor* St. 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 *Male* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Don't know*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
About 73

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Labourer*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) *Germany 10*

13. NAME *Don't know*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know 31*

15. MAIDEN NAME *Don't know*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know*

17. INFORMANT *Joseph P. Rasmussen*
 (ADDRESS) *6122 Weber Ave.*

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Calvary* DATE *Oct 21, 1932*

19. UNDERTAKER *H. J. Leidner*
 (ADDRESS) *1417 St. Nicholas St.*

20. FILED *OCT 20 1932* *Max C. Standen*
 Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Oct. 19, 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Oct. 12, 1932 to Oct 19, 1932*

I last saw him alive on *Oct 18, 1932* Death is said to have occurred on the date stated above, at *1:30 p.m.*

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

Pneumonia

Date of onset *10/17/32*

Other contributory causes of importance:

Chronic myocarditis

Name of operation *None* Date of *None*
 What test confirmed diagnosis? *Clinical* 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? *No*
 If so, specify

(Signed) *Anthony A. Prekuch*, M. D.
 (Address) *1525 S. Cass Ave.*

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.

