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.

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

Do not use this space.

37179

1. PLACE OF DEATH

County .... Registration District No. 781

Township .... Primary Registration District No. .... File No. ....

Registered No. 9792

City St Louis (No. De Paul Hospital St. .... Ward)

2. FULL NAME Otto J. Schulz

(a) Residence, No. 5841 Cabanne St., 5 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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 25, 1860

7. AGE: YEARS 72 | MONTHS 7 | DAYS 9 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired -131

10. Date deceased last worked at this occupation (month and year) .... 11. Total time (years) spent in this occupation 127B

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

FATHER

13. NAME Edward Schulz

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

MOTHER

15. MAIDEN NAME Unknown

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

17. INFORMANT Otto J. Schulz
(ADDRESS) 2212 N. Broadway

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bellefontaine DATE Nov 7, 1932

19. UNDERTAKER Aschon L & Co
(ADDRESS) 2207 N Grand

20. FILED NOV -5 1932, 19 .... Max C Starkloff Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 4, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 16, 1932 to Nov. 4th, 1932

I last saw h im alive on Nov. 4th, 1932. Death is said to have occurred on the date stated above, at 5 a.m.

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

Cause	Date of onset
Chronic Gall Bladder disease	1 year
Uremia	3 days

Other contributory causes of importance:

Chronic Nephritis — 2

Name of operation .... Date of ....

What test confirmed diagnosis? X-ray Test 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) Arthur Sinclair, M. D.

(Address) 2202 University