

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.

18556

1. PLACE OF DEATH

County Registration District No. 79R
Township Primary Registration District No. 1403
City St. Louis (No. City Hospital #1) St. Ward)

File No.
Registered No. 4849

2. FULL NAME

(a) Residence, No. unknown St. 23 Ward.
(Usual place of abode)

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. (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) unknown

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
alt 64 - - - -

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Upholsterer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. unknown
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) Indiana

13. NAME Widow

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

15. MAIDEN NAME Widow

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

17. INFORMANT (ADDRESS) Harold S. Schultz

18. BURIAL, CREMATION, OR REMOVAL PLACE Calver Field DATE 6/5, 1933

19. UNDERTAKER (ADDRESS) Teeth Bros

20. FILED JUN - 3 1933 A. Bredek Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-26-33, 1933

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

I last saw him..... alive on..... 19..... Death is said to have occurred on the date stated above, at..... m.

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

93C
Myocarditis
Date of onset

Other contributory causes of importance:
93C

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

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) Harold S. Schultz M.D.
(Address) Deputy Registrar

