

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

Do not use this space.

30769

SEP 20 1933

PLACE OF DEATH
 County St. Louis Registration District No. 785
 Township Bonhomme Primary Registration District No. 6031
 City Kirkwood (No. _____) St. _____ Ward _____
 FULL NAME William J. Schulz
 (a) Residence, No. Kirkwood 210 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Minnie Schulz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 23 - 1871</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>3</u>
	DAYS <u>2</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>	
	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) <u>Sappington MO</u>		
FATHER	13. NAME <u>John Schulz</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Mary Jahns</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
17. INFORMANT (ADDRESS) <u>Halter J. Schulz Sappington Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>S. Lucas</u> DATE <u>Sept 28 33</u>		
19. UNDERTAKER (ADDRESS) <u>John G. Koch Fulton MO</u>		
20. FILED <u>9-26 33</u> <u>6 E. Durbin</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-25-1933

22. I HEREBY CERTIFY, That I attended deceased from May - 1918, 19____, to 9-25-, 1933
 I last saw him alive on 9-25, 1933. Death is said to have occurred on the date stated above, at 6:50 P.M.
 The principal cause of death and related causes of importance were as follows:
Acute myocarditis
Emphysema Septic
 Date of onset 9-15-33
 1918

Other contributory causes of importance:
None
 Name of operation _____ Date of _____
 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) Arthur W. Westrup, M. D.
 (Address) W. H. Durbin St. Louis MO

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.

