

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.

2470

PLACE OF DEATH

County *St. Louis*
Township *Central*
City *Clayton*

Registration District No. *790*
Primary Registration District No. *6033A*
(No. *St. Louis Co Hosp*)

File No.
Registered No. *18*
St. Ward)

2. FULL NAME

Worthy Schulze
(a) Residence, No. *Florissant Mo* -Ward. *Florissant mo.*
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Infant*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Jan 7 1934*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Infant*
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) *Clayton Mo*

13. NAME *Henry Schulze*

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

15. MAIDEN NAME *Daisy Kulp*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Prusselgal*

17. INFORMANT *Henry Schulze*
(ADDRESS) *Florissant Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *The Free Cem* DATE *Jan 19 34*

19. UNDERTAKER *W. W. ...*
(ADDRESS) *Overland Mo*

20. FILED *Jan 18 1934* *H. J. Ambrose*
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-17 1934*

22. I HEREBY CERTIFY, That I attended deceased from *1-8 1934* to *1-17 1934*

I last saw h. e. r. alive on *1-17 1934*. Death is said to have occurred on the date stated above, at *1:50 a.m.*

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

Brain pneumonia - right Date of onset *1-11-34*
1011A
1611A
1071A
Other contributory causes of importance
Meningeal infection left lung *1-11-34*

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) *T. R. Urban* M. D.
(Address) *St. Louis Co Hosp*

