

MAY 25 1934

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City..... *St. Louis*

Registration District No. **791**
Primary Registration District No. **1008**

File No. **11423**
Registered No. **3435**

2. FULL NAME

(a) Residence, No. *3225 Montgomery St* 20 Ward.

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.
abt 70 ✓ ✓

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

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) *Breese*

13. NAME

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

15. MAIDEN NAME *unknown*

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

17. INFORMANT *Howard H. Schulz*
(ADDRESS) *corner Office*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Potters field* DATE *4/6* 19. *34*

19. UNDERTAKER *Reetz Bros.*
(ADDRESS) *3029 Lafayette*

20. FILED *APR 30 1934*
J. H. Gredeck
Registrar.

No PM MEDICAL CERTIFICATE OF DEATH *Physician was attendence*

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *3-17-34* 19

22. I HEREBY CERTIFY, That I attended deceased from 19....., to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at *4⁴⁵ a* m.

The principal cause of death and related causes of importance were as follows:
Chronic myocarditis
935

Other contributory causes of importance:
935

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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) *Harold Schulz*
(Address) *1035 1/2*

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.

