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.

AUG 3 1934

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

Do not use this space.

1. PLACE OF DEATH

County St. Louis, Mo. Registration District No. 1123 File No. 27751

Township Carondelet Primary Registration District No. 6248 B Registered No. ~~249~~ 249

City Jefferson Barracks, (Mo. Veterans Administration Facility St. Ward)

2. FULL NAME Fred W. SCHULTZ

(a) Residence, No. 1104 Lawn Ave., St. Louis, Missouri Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred un yrs. kn mos. own ds. How long in U. S., if of foreign birth? un yrs. kn mos. own ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 5, 1881

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	52	7	11	

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. City of St. Louis

10. Date deceased last worked at this occupation (month and year) Abt. 3 mo. ago.

11. Total time (years) spent in this occupation 30 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) - Germany

FATHER

13. NAME Fred Schultz

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

MOTHER

15. MAIDEN NAME Anna Swark

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

17. INFORMANT (ADDRESS) C. H. SMITH, M.D., Clinical Director Vet. Adm. Fac. Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park DATE July 19 1934

19. UNDERTAKER (ADDRESS) Edith E. Ambruster 4234 Manchester ave

20. FILED 7-16 1934 B. F. Tate M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

4

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 16, 1934

22. I HEREBY CERTIFY, That I attended deceased from June 20, 1934, to July 16, 1934

I last saw him alive on July 16, 1934. Death is said to have occurred on the date stated above, at 2:00 P.m.

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

	Date of onset
Chronic Nephritis complicated with uremia	Unk.
131	
77	
132 B	

131

Other contributory causes of importance:

Hypertension, severe	Unk.
Arteriosclerosis	Unk.

Name of operation - Date of -

What test confirmed diagnosis? History, x-ray, physical, laboratory findings 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) W. C. GIBSON, M.D., Manager, M. D.

(Address) Vet. Adm. Fac. Jeff. Brks., Mo.