

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.

NOV 23 1934

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

Do not use this space.

38068

**1. PLACE OF DEATH**

County..... Registration District No. 791  
 Townshp..... Primary Registration District No. 10031  
 City St. Louis (No. 1805 Graves) St. 23 Ward.....

File No.....  
 Registered No. 10575

**2. FULL NAME**

Josephine Schultz  
 (a) Residence, No. 1805 Graves St. 23 Ward.....  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lawrence P. Schultz</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Oct 29 - 1870</u>		
7. AGE <u>63</u>	YEARS <u>0</u>	MONTHS <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		11. Total time (years) spent in this occupation.....
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).....
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Oakland Texas</u>		
13. NAME <u>Joseph Lightsey</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>So. Carolina</u>		
15. MAIDEN NAME <u>Louaney Edwards</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>So. Carolina</u>		
17. INFORMANT <u>Kula Burian</u> (ADDRESS) <u>1805 Graves</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Licker</u> DATE <u>11 - 2</u> 19 <u>34</u>		
19. UNDERTAKER <u>W. C. Maydell</u> (ADDRESS) <u>1926 Allen av.</u>		
20. FILED <u>NOV - 2 1934</u> <u>J. H. Bredecki</u> Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10 - 30 1934

22. I HEREBY CERTIFY, That I attended deceased from March 26 1934 to Oct 30 1934  
 I last saw h. or alive on Oct 30 1934 Death is said to have occurred on the date stated above, at 10 P. m.  
 The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy Date of onset Oct 30  
Chronic Nephritis and Mitral Insufficiency

Other contributory causes of importance:  
Chronic Nephritis and Mitral Insufficiency

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

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) A. H. Citrus M. D.  
 (Address) 414 S. Grand Blvd

