

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

Do not use this space.

SEP 16 1935

791

27997

1003

1. PLACE OF DEATH

County

Registration District No.

Township

Primary Registration District No.

City St. Louis

(No. Little Sisters of the Poor Charities Trust St. Ward)

File No.

Registered No.

7075

2. FULL NAME

Robert Schultz

(a) Residence, No. 3400 Cherokee St. 16 Ward.

(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? 70 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11, 1844

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
91 1 8

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

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) Germany

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT August Raupholz (ADDRESS) 2019 Olive

18. BURIAL, CREMATION, OR REMOVAL PLACE New St. Marcus Cemetery DATE Aug. 21, 1935

19. UNDERTAKER Thos. Rytis (ADDRESS) 2906 E. Grand

20. FILED Aug 20 1935 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 19, 1935

22. I HEREBY CERTIFY, That I attended deceased from August 10, 1935 to Aug 19, 1935

I last saw him alive on Aug 18, 1935. Death is said to have occurred on the date stated above, at St. Louis.

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

Pneumonia Date of onset 8/11/35

Other contributory causes of importance: Arteriosclerosis 8/11/35

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?

If so, specify

(Signed) W. S. Sauer, M. D.

(Address) St. Louis

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.

