

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.

MAR 12 1936

791
1003

7926

1. PLACE OF DEATH

County St. Louis

Registration District No. 1003

File No. 1596

Township St. Louis

Primary Registration District No. 1003

Registered No. 1596

City St. Louis (No. 1003)

City St. Louis

St. 1596 Ward

2. FULL NAME

Charles Schultz

(a) Residence, No. 2007

(Usual place of abode)

2007 S. Broadway

Ward 23

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds.

How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 18, 1873

7. AGE YEARS 62 MONTHS 9 DAYS 23 If LESS than 1 day, hrs. min.

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

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 (FATHER) (unk) Schultz

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

15. MAIDEN NAME Amelia (unk)

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

17. INFORMANT (ADDRESS) Dr. J. P. Bredeck

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Rose Cemetery DATE 4/13/36

19. UNDERTAKER (ADDRESS) St. Louis

20. FILED 13 1936 19 J. P. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2/11/36 19

22. I HEREBY CERTIFY, That I attended deceased from 1/28/36 to 2/11/36, 1936. I last saw him alive on 2/11/36. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Cellulitis of leg
diabetes
degenerative disease
diabetes mellitus

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) J. P. Bredeck, M. D.
(Address) St. Louis

