

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.

MAY 7 1936

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

Do not use this space.

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003 Hosp
City St Louis Mo (No. St Anthony) St. 3707 Ward.....

16956

2. FULL NAME Bertie Schulz

(a) Residence, No. 4259 1/2 Wyoming St., 16 Ward.....
(Usual place of abode) (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? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25/1869
7. AGE YEARS 66 MONTHS 9 DAYS 9 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife
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) St Louis Mo
13. NAME Casper Stoffer
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Switzerland
15. MAIDEN NAME unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Ernest O Schulz
4259 1/2 Wyoming
18. BURIAL, CREMATION, OR REMOVAL PLACE Buried DATE April 7 36

19. UNDERTAKER (ADDRESS) Ziegenbein Bros
2623 Edwards St
20. FILED APR 6 1936 JT Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 4 36
22. I HEREBY CERTIFY, That I attended deceased from Aug 5 1935 to April 4 1936
I last saw her alive on April 3 1936. Death is said to have occurred on the date stated above, at 3 a m.
The principal cause of death and related causes of importance were as follows:

Carcinoma of liver Date of onset ?
fracture of neck of left femur 2/24/36
Other contributory causes of importance:
fracture of neck of left femur

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide Accident Date of injury 2/5 36
Where did injury occur? In St Louis Mo (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. In home
Manner of injury Fell to floor
Nature of injury fracture of hip

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) Frank J. Seane M. D.
(Address) 3924 B Grand St. St. Louis Mo.

