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

FEB 8 1937

Do not use this space.

1. PLACE OF DEATH

96 County ..... Registration District No. 791 File No. 3422

Township ..... Primary Registration District No. 1003 Registered No. 454

30 City St. Louis (No. 7021 Nashville Ave. St. ..... Ward)

9 2. FULL NAME Nellie C. Schulze

(a) Residence, No. 7021 Nashville Ave. St., 4 Ward. 1 (If nonresident, give city or town and State)
(Usual place of abode)

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John H. Schulze

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13 1870

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
66	6	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home 262

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

FATHER

13. NAME John Care y

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

MOTHER

15. MAIDEN NAME Nora Cummins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ire land 15

17. INFORMANT (ADDRESS) John H. Schulze 7021 Nashville Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemt. DATE 1-13 1937

19. UNDERTAKER (ADDRESS) Arthur J. Donnelly 3840 Lindell Blv d.

20. FILED JAN 12 1937 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 11, 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug 28, 1936, to Jan. 11, 1937

I last saw her alive on Jan 10, 1937 Death is said to have occurred on the date stated above, at 9 A. m.

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

	Date of onset
~~[illegible]~~ Cerebral Embolus	2 days

Other contributory causes of importance:

Arteriosclerotic Heart Disease Hypertension — 3 years

Name of operation ..... Date of .....

What test confirmed diagnosis All Clinical 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? No

If so, specify .....

(Signed) J. A. Brennan, M. D.

(Address) 833 Missouri Theatre Bldg.

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.

50M-10-22-36 I X9314

Dr. J. A. Bierman

Mo Theatre Bldg 1-3 Pk