

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City St Louis (No.)

Registration District No. 791
Primary Registration District No. 1003
De Paul Hosp.

File No. 8174
Registered No. 1623
St. Ward)

2. FULL NAME

Paul J. Shultz

(a) Residence, No. 5027 Lotus Av. St. 6 Ward.

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. (If nonresident, give city or town and State)

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) Mary (Broderick) Shultz

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 22 - 1884

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
52 8 14

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Captain

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 1

13. NAME Norton Schultz 2

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pen. 1

15. MAIDEN NAME Clara Clarkson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

17. INFORMANT (ADDRESS) Mary Shultz
5027 Lotus Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb 8 1937

19. UNDERTAKER (ADDRESS) Promising Hand Co
4740 W. Walnut St

20. FILED FEB 5 - 1937 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 5 1937

22. I HEREBY CERTIFY, That I attended deceased from JAN 1 - 1935 to FEB 5 1937

I last saw him alive on Feb 5 1937 Death is said to have occurred on the date stated above, at 2:15 a.m.

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

CHRONIC MYOCARDIOWS 1933

Other contributory causes of importance: CHRONIC NEPHRITIS 1934

Name of operation None Date of 60

What test confirmed diagnosis? Wagon 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? / If so, specify None

(Signed) J. Bredeck M. D.

(Address) 4114 W. Harrison St.

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.

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