

MAR 5 - 1937

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

Do not use this space.

1. PLACE OF DEATH

County
Township
City of St. Louis (No.)

Registration District No. **791**
Primary Registration District No. **1003**
4022a Cleveland Ave.

File No. **8282**
Registered No. **1732**
St. Ward)

2. FULL NAME

Louis F. Schultz

(a) Residence, No. **4022a Cleveland Ave** **17** 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 **Husband of Estella**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Aug. 19, 1873**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 5 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **W. P. A. Watchman**

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) **Nebraska**

13. NAME **Frederick Schultz**

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

15. MAIDEN NAME **Unknown**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Indiana**

17. INFORMANT **Estella Schultz** (ADDRESS) **4022a Cleveland Ave**

18. BURIAL CREMATION OR REMOVAL to Burlington PLACE **Iowa** DATE **Feb. 8, 1937**

19. UNDERTAKER **C. H. McLaughlin** (ADDRESS) **2301 Lafayette Ave.**

20. FILED **Feb 8 - 1937** **J. S. Bredeck** Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 8**, 19 **37**

22. I HEREBY CERTIFY, That I attended deceased from **Feb 3**, 19 **37**, to **Feb 8**, 19 **37**

I last saw him alive on **Feb 7**, 19 **37**. Death is said

to have occurred on the date stated above, at **7:40 A.** m.

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

Chronic Myocarditis

Other contributory causes of importance:

Myocardial Necrosis

Date of onset

?

?

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? **Yes**

If so, specify

(Signed) **C. G. Wright**, M. D.

(Address) **903. M. Club Bldg**

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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