

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.

28683

1. PLACE OF DEATH

County.....  
Township.....  
City St Louis, Mo. (No. ....)

Registration District No. **791**  
Primary Registration District No. **1003**

File No. ....  
Registered No. **7316** (St. .... Ward)

2. FULL NAME Robert Dultz

(a) Residence, No. 8012 Acorn Ave. St. L. County Ward NR after No.  
(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 19, 1937.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
0 1 12

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
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) St. Louis County Mo. (STATE OR COUNTRY)

13. NAME John Dultz

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

15. MAIDEN NAME Enright

15. BIRTHPLACE (CITY OR TOWN) St. Louis, Mo. (STATE OR COUNTRY)

17. INFORMANT A. Lane (ADDRESS) 5600 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Aug 2 1937

19. UNDERTAKER Thomas J. Enright (ADDRESS) 18195 Grand

20. FILED AUG 2 - 1937 J. T. Predeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July, 31, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1937, to July 31, 1937. I last saw him alive on July 31, 1937. Death is said to have occurred on the date stated above, at 10:15 P. M.. The principal cause of death and related causes of importance were as follows:

Erysipelas Date of onset 7-25-37

Other contributory causes of importance: 19

Name of operation none Date of.....  
What test confirmed diagnosis? clinical Was there an autopsy? yes

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 Henry J. Florey, M. D.  
(Address) 5600 Arsenal

