

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

791

32975

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 1003
 (b) Township Primary Registration District No. Registered No. 9029
 (c) City St Louis mo (d) Street No. FRANIN DESLOGE HOSPITAL St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME JOSEPH SCHULTZ

(a) Residence, No. 3131 CAROLINE ST St. 18 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>MARRIED</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>MINNIE SCHULTZ</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>FEB 27-1884</u>		
7. AGE YEARS <u>53</u>	MONTHS <u>6</u>	DAYS <u>28</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>CARPENTER</u>		
9. Industry or business in which work was done, as 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) <u>OHIO</u>		
13. NAME <u>Joseph Schultz</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>OHIO</u>		
15. MAIDEN NAME <u>UNKNOWN</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>UNKNOWN</u>		
17. INFORMANT (ADDRESS) <u>Minnie Schultzy</u> <u>3131 Caroline St</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>DENVER PERMOUNT</u> DATE <u>SEPT 28 37</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>A.J. SCHURR</u> <u>3125 LAFAYETTE</u>		
20. FILED <u>SEP 27 1937</u> <u>J. Brudeck</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) SEPT 25 1937

22. I HEREBY CERTIFY, That I attended deceased from 11:26, 1937, to 9:25, 1937

I last saw him alive on 9/25, 1937. Death is said to have occurred on the date stated above, at 3:40 P.M.

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

1. thrombosis of superior mesenteric artery & gangrene of uterine small bowel
2. General peritonitis

Other contributory causes of importance:
1. Carcinoma Transversum colon & metastasis to liver

Name of operation Ileo sigmoidectomy Date of 9/16/37

What test confirmed diagnosis? 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
 (Signed) Ormond C. Farster M. D.
 (Address) Termin Desloge Hosp

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.

1 X11004

Sullivan

STATEMENT BY LICENSED EMBALMER

I, *James Sullivan*, Licensed Embalmer No. *2260*
hereby certify that the body recorded on the reverse side of this certificate was embalmed by *James Sullivan*

..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed *James Sullivan*
Licensed Embalmer No. *2260*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)