DEC 13 1937

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

39437
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791 2 1

(b) Township ..... Primary Registration District No. 1003 Registered No. 10424

(c) City St. Louis (d) Street No. 4656a Virginia 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 Dora Schulz

(a) Residence, No. 4656a Virginia Av. St. 15
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 2 1859

7. AGE: 26 ✓ YEARS: 78 MONTHS: 4 DAYS: 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.: at home
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): Germany

FATHER
13. NAME: Unknown Wolf
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Louise Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Charles Schulz 4656a Virginia Av.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Huntsville, Ala. DATE 10-10 1937

19. FUNERAL DIRECTOR (ADDRESS): Witt Bros. L & N Co. 2929 S. Jefferson Av.

20. FILED NOV 9 1937 19 J F Brodeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 9 1937

22. I HEREBY CERTIFY, That I attended deceased from November 2nd 1937, to Nov. 9th 1937, 19..
I last saw her alive on Nov. 9th 1937 19.. Death is said to have occurred on the date stated above, at 12 45 a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Myocarditis following Chronic Myocarditis	2 da.
Other contributory causes of importance:	
Chronic Arteriosclerosis	3 Mo.

93c

Name of operation — Date of
What test confirmed diagnosis? Physical & Lab. 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
(Signed) Dr. W. H. Watters, M. D.
(Address) 5608 South Grand Blvd.,

(Licensed Embalmer's Statement on Reverse Side)

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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STATEMENT BY LICENSED EMBALMER

I, Paul A. Shanklin, Licensed Embalmer No. 3472

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Paul A. Shankl

L. E.

No. 3472 or by, Registered Apprentice No.

working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 9472

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