

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.

JAN 24 1938

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

Do not use this space.

1. PLACE OF DEATH  
 County St. Charles Registration District No. 759  
 Township Calloway Primary Registration District No. 6170  
 City Forestell (No. 1) St. 1 (Ward)

2. FULL NAME Mrs. Mary Schultz  
 (a) Residence, No. Forestell No. 111 St. 1 Ward. 1  
 (Usual place of abode)  
 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)

File No. 46538  
 Registered No. 1

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (circle the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 25-1884

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>83</u>	<u>One</u>	<u>19</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 23

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) near Cappel, Stehels Co. Mo.

MOTHER FATHER

13. NAME Henry Senker 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

MOTHER

15. MAIDEN NAME Augusta Lottermann 10

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Alfred Schulz Forestell, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Cappel, Mo. DATE 12-19 1937

19. UNDERTAKER (ADDRESS) T.E. Gilman

20. FILED Dec 18 1937 O.A. Mehm Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-15 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 13<sup>th</sup> 1937 to Dec 15<sup>th</sup> 1937  
 I last saw her alive on Dec 15<sup>th</sup> 1937. Death is said to have occurred on the date stated above, at 3 P. m.  
 The principal cause of death and related causes of importance were as follows:  
Chronic Valvular Heart-disease Date of onset  
Acute bronchitis old age.

Other contributory causes of importance:  
None

Name of operation No operation Date of                       
 What test confirmed diagnosis Physical exam Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? None Date of injury                      19              
 Where did injury occur? No injury (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury No injury  
 Nature of injury No injury

24. Was disease or injury in any way related to occupation of deceased?                       
 If so, specify None

(Signed) Benjamin Brandt! M. D.  
 (Address) Forestell Mo.

