

JAN 24 1938

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

46688
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis

Registration District No. 789

(b) Township Central

Primary Registration District No. 6033

Registered No. 858

(c) City _____ (d) Street No. 2490 Brown Road.

(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 August F. Schultz.

(a) Residence, No. 2490 Brown Road.

(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

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

Sophia Schultz.

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

March 10, 1874.

7. AGE

YEARS

63

MONTHS

9

DAYS

15

If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

Farmer.

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)

Carsonville, Missouri.

FATHER

13. NAME Fred Schultz.

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

Germany.

MOTHER

15. MAIDEN NAME Dorothea Schultz.

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

Germany.

17. INFORMANT (ADDRESS)

Miss Sophia Schultz
2490 Brown Road

18. BURIAL, CREMATION, OR REMOVAL

PLACE Memorial Park Cemetery DATE December 27, 1937

19. FUNERAL DIRECTOR (ADDRESS)

Geo. L. Plitich Inc.
5966 E. Center Exp.

20. FILED

12-27-37 1937 W. B. Bachner
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from

@ et al, 1937, to Dec. 25, 1937
I last saw him alive on Dec 24, 1937. Death is said

to have occurred on the date stated above, at 1:30 a.m.

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

Hemiplegia v
Broncho-pneumonia

Date of onset

Oct 1
37
12/23/37

Other contributory causes of importance:

Senility
arteriosclerosis

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?

If so, specify

(Signed) W. B. Bachner, M. D.

(Address) Ferguson, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state

107a

STATEMENT BY LICENSED EMBALMER

I, Homer L. Ponder, Licensed Embalmer No. 3367

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed, Homer L. Ponder

Licensed Embalmer No. 3367

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.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

46688

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1. PLACE OF DEATH *St. Louis*
 (a) County *Central* Registration District No. *789*
 (b) Township *Central* Primary Registration District No. *6033* Registered No. _____
 (c) City _____ (d) Street No. _____ 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 *August J. Schultz*
 (a) Residence, No. _____ St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *m*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
63 9 15-

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. _____
 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) _____

FATHER 13. NAME _____
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

MOTHER 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19 _____

19. FUNERAL DIRECTOR (ADDRESS) _____

20. FILED *17 Feb 1937* *H. Drechner* Local Registrar
P. R. Meyer

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

22. I HEREBY CERTIFY, That I attended deceased from 19... to... 19... Death is said to have occurred on the date stated above, at... m.

The principal cause of death and related causes of importance were as follows:
 I last saw h... alive on... 19... Death is said to have occurred on the date stated above, at... m.

Paralysis Central thrombosis Broncho pneumonia
 Other contributory causes of importance:
Senility Arteriosclerosis

Name of operation *g2p* 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? _____
 If so, specify _____ (Signed) *C. G. Hughes* M. D.
 (Address) *Ferguson*

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

