

REG. JAN 11 1939

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

41407
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
(b) Township..... Primary Registration District No. **1003**
(c) City St. Louis, Mo. (d) Street No. Deaconess Hospital Registered No. **11099**
(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

429 August J. Schulz,
(a) Residence, No. Central Y.M.C.A. St. **25** (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anna M. Schulz,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 4th, 1859
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 4 21
OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Salesman
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) Germany
FATHER 13. NAME Not known
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known
MOTHER 15. MAIDEN NAME Not known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known
17. INFORMANT (ADDRESS) Mr. Arthur Schulz, 2133 Adelaide Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem DATE Dec. 29th 38
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Henry Leidner Und. Co. 1417 N. Market Street.
20. FILED DEC 27 1938 J. D. Budeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 26, 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec 11, 1938, to Dec 26, 1938
I last saw him alive on Dec 25, 1938 Death is said to have occurred on the date stated above, at 11:30 P.m.
The principal cause of death and related causes of importance were as follows:
Bronchial asthma Date of onset Dec 11 - 1938
Other contributory causes of importance:
Arteriosclerosis, Arterio-sclerotic heart disease, Senility
Name of operation..... Date of.....
What test confirmed diagnosis?..... 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? no
If so, specify (Signed) Frank W. Mott M. D.
(Address) 3500 Grand Blvd.

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.

*Reburied
3520 N Grand.*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....
working under my personal supervision.

Signed..... *John P. Buchholz*
Licensed Embalmer No. *116748*
P. O. Address *2223 St. Louis Ave*

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.)

If this body is not embalmed, above space should be left blank.