REC'D MAY 10 1939

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

13413
Do not use this space.

791
1003

1. PLACE OF DEATH
(a) County ..... Registration District No. 1003
(b) Township ..... Primary Registration District No. ..... Registered No. 3755
(c) City ..... St Louis (d) Street No. Mo Pacific Hosp 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 432 Jessie Usley Schultz
(a) Residence, No. 5236 Chippewa St. 14 St Louis Mo
(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: fe
4. COLOR OR RACE: w
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov, 10 1884

7. AGE: 54 YEARS 5 MONTHS 5 DAYS 12 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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): Bonne Terre Mo.

FATHER
13. NAME: Thomas Allen
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): West Virginia

MOTHER
15. MAIDEN NAME: Cora Evans
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bonne Terre Mo

17. INFORMANT (ADDRESS): Andrew C. Schultz 5236 Chippewa St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Memorial Park DATE: 4-25 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Kriegshauser Mortuaries 4238 So. Kingshighway

20. FILED APR 23 1939 J. B. Bledeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 22, 1939

22. I HEREBY CERTIFY, That I attended deceased from 3:30 P.m 4-22, 1939, to 7:45 P.m 4-22, 1939
I last saw her alive on 4-22, 1939. Death is said to have occurred on the date stated above, at 7:45 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Strangulated Rt Femoral Hernia.	
Gangrene of Ileum + omentum.	

Other contributory causes of importance:

1) Intestinal Resection
2) Repair of Hernia

Name of operation: Date of 4-22-39
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? No
If so, specify
(Signed) A. M. Boyd, M. D.
(Address) 170350 Grand Mo Pac Hosp

(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.

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 Edwin D. McDermott

Licensed Embalmer No. 3024

P. O. Address.....

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.