

1939 JUL 13 1939

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

22435
Do not use this space.

1. PLACE OF DEATH

(a) County JEFFERSON Registration District No. 475
 (b) Township MERAMEC Primary Registration District No. 5580 Registered No. 12-15
 (c) City (d) Street No. ST. JOSEPH'S HILL INFIRMARY 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 1 yrs. 7 mos. 13 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

470
 ERNEST J. SCHULZE
 (a) Residence, No. EUREKA, MO. R.R. #2 St. (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) MARY ELLEN (KOMOMER) SCHULZE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9 / 19 / 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 8 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. CARPENTER, RETIRED
 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) 1935
 11. Total time (years) spent in this occupation 35

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JEFFERSON COUNTY MO.

FATHER 13. NAME WALDMER SCHULZE

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

MOTHER 15. MAIDEN NAME DORA BONACKER

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JEFFERSON COUNTY, MO.

17. INFORMANT ST. JOSEPH'S HILL INFIRMARY, EUREKA, MO.
 (ADDRESS) Brother Bonaventure, O.S.F.

18. BURIAL, CREMATION, OR REMOVAL ST. PHILOMOTOS CEM.
 PLACE HOUSE SPRINGS, MO. DATE MAY 7, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) SCHRADER FUNERAL HOME BALLWING MO.

20. FILED 6-39 Jessie A. Thomas Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct. 29, 1937, to June 4, 1939
 I last saw him alive on June 4, 1939. Death is said to have occurred on the date stated above, at 11:45 p.m.
 The principal cause of death and related causes of importance were as follows:

Chronic Diabetes Mellitus
 Other contributory causes of importance: 54

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 Jessie S. Sargent, M. D.
 (Signed) Jessie S. Sargent
 Address Eureka, Mo.

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 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 *Theo Schrader*

Licensed Embalmer No. *3066*

P. O. Address *Bellewin, Mo*

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.