DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

AUG 11 1939

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 24154

Primary Registration District No.

Registrar's No. 6427

1. PLACE OF DEATH: 1003

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
5335 Itaska Ave. 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether in this community) 69 years
(years, months or days)

3. (a) PRINT FULL NAME Cecelia Schultz 432

3. (b) If veteran, name war non

3. (c) Social Security No. non

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Herman W. Schultz

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Sept. (Month) 23 (Day) 1870 (Year)

8. AGE: Years 68 | Months 9 | Days 17 | If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country) 0

10. Usual occupation House wife 0

11. Industry or business 1

FATHER
12. Name Capt., F. Shinn
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mollie Colligan
15. Birthplace (City, town, or county) Penn. (State or foreign country)

16. (a) Informant's own signature Mrs Lucille Sparks
(b) Address 5335 Itaska Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/22/39 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Wagoner Und. Co.
(b) Address 3621 Olive St.

19. (a) JUL 21 1939 (Date received local registrar) (b) [signature] (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri 1 (b) County

(c) City or town St. Louis 14
(If outside city or town limits, write "RURAL")

(d) Street No. 5335 Itaska Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 20 year 1939 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from Nov. 1931, to July 20, 1939; that I last saw h. alive on July 17, 1939; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Mitral Stenosis + Insufficiency
Due to Auricular Fibrillation
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature L. W. Hampelmann (M. D. or other)
Address 303 Bismarck Bldg. Date signed 7/24/39

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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.

1 X19511

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. Neville D. Grohvitter

Licensed Embalmer No. 3696

P. O. Address. 3621 Olive St.

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.