

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

36878

State File No. \_\_\_\_\_

Registration District No. 791

Primary Registration District No. \_\_\_\_\_

Registrar's No. 9151

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis,  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4361 Holly Hills.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 2  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

FILED DEC 11 1940

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County \_\_\_\_\_  
(c) City or town St. Louis, 2  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4361 Holly Hills.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6  
year 1940 hour 1 minute 35 A.M.  
21. I hereby certify that I attended the deceased from Nov 15  
1935 to Nov 5 1940;  
that I last saw her alive on Nov 5 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage  
Due to Arteriosclerosis  
Due to \_\_\_\_\_  
Other conditions Carcinoma of  
(Include emergency within 3 months of death)  
pleura.  
Major findings: None made  
Of operations \_\_\_\_\_  
Of autopsy None made

Duration

12 years

2 yrs

5 years

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?  
While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature Frank David (M. D. or other) \_\_\_\_\_  
Address 653 Century Bldg Date signed 11-6-40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

3. (a) PRINT FULL NAME IONA SCHULZE.

3. (b) If veteran, name war none. 3. (c) Social Security No. none.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married.

6. (b) Name of husband or wife William A. Schulze. 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July 26, 1873.  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
67. 3. 10. \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Lebanon, Illinois.  
(City, town, or county) (State or foreign country)

10. Usual occupation At Home.

11. Industry or business \_\_\_\_\_

12. Name Severin Moll.

13. Birthplace St. Louis, Missouri.  
(City, town, or county) (State or foreign country)

14. Maiden name Elise Neumann.  
15. Birthplace Germany.  
(City, town, or county) (State or foreign country)

16. (a) Informant William Schulze.

(b) Address 4361 Holly Hills.

17. (a) burial. (b) Date thereof 11-8-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Lebanon, Illinois.

18. (a) Signature of funeral director C. R. Lupton & Sons.

(b) Address 7233 Delmer Bly'd.

19. (a) NOV 6 1940 (b) J. B. Budick  
(Date received local registrar) (Registrar's signature)

1506 Herdmanmont.  
EV-1550 10.00  
Constance Bldg.  
GA-1276

**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 Bradford A. Miles

Licensed Embalmer No. 2901

P. O. Address St Louis 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.**