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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 25 1941

Registration District No. 791

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 842

Registrar's No. 842

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

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: DePaul Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Mo. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 00

(c) City or town St. Louis 6 17
(If outside city or town limits, write "RURAL")

(d) Street No. 5027 Lotus Ave. 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ----- 0 years.

3. (a) PRINT FULL NAME Blanche M. Shultz

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Single

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

7. Birth date of deceased December 19, 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
66	1	6	hr. min.

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

10. Usual occupation House work

11. Industry or business

MOTHER FATHER

12. Name Martim Shultz

13. Birthplace Pennslyvania 1
(City, town, or county) (State or foreign country)

14. Maiden name Clara Clarkson

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

16. (a) Informant Mary Shultz

(b) Address 5027 Lotus Ave.

17. (a) Burial (b) Date thereof Jan. 28 '41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cem.

18. (a) Signature of funeral director Bromschwig Und Co

(b) Address 4746 W. Florissant Ave.

19. (a) JAN 27 1941 (b) J. H. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 1 day 25
year 41 hour 8 10 minute A M.

21. I hereby certify that I attended the deceased from 11-5, 1940, to 1-25, 1941;
that I last saw her alive on 1-25, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic nephritis	
Hypostatic bronchopneumonia	2 days
Due to	
Due to 131	
Other conditions Chr. Rheumatoid arthritis	
(Include pregnancy within 3 months of death)	
Hypertension, arteriosclerotic	
Major findings: Of operations	
Of autopsy Chronic nephritis	

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 E. P. Reh M.D. (M. D. or other)

Address 462 No. Taylor Date signed 1-25-41

(Licensed Embalmer's Statement on Reverse Side)

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 Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.