

4-13-40
5-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF HEALTH

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

30018

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7357

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

1. PLACE OF DEATH:

(a) County: _____

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

(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 Days
(Specify whether years, months or days)

In this community 71 Years 0

3. (a) PRINT FULL NAME William Schulz

3. (b) If veteran, name war: _____

3. (c) Social Security No. None

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

6. (b) Name of husband or wife Julia 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased November 16 1853
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day hr. min.
	<u>87</u>	<u>9</u>	<u>26</u>	

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Barber Shop

11. Industry or business Retired 12 years

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

15. Birthplace Unknown 9
(City, town, or county) (State or foreign country)

16. (a) Informant P. J. Schulz
(b) Address 2258 a So. Compton Ave.

17. (a) Cremation (b) Date thereof 9/13/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Hecker-Helmske H. & Co.

(b) Address 3634 Gravois Ave.

19. (a) 11 1941 (b) J. P. Brudick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

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

(d) Street No. 2258 a So. Compton Ave.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 11, year 1941 hour 4:10 minute A. M.

21. I hereby certify that I attended the deceased from September 2, 19 41 to September 11, 19 41, that I last saw him alive on September 11, 19 41 and that death occurred on the date and hour stated above.

Immediate cause of death Cancerous & Bleeding Urinary Bladder Stones

Due to _____

Due to 515 52

Other conditions (Include pregnancy within 3 months of death)

Major findings: Relative's required to permit autopsy

Of autopsy _____

Duration

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 A. J. Mullen (M. D. or other) 0
Address 1515 Lafayette Avenue Date signed 9/11/41

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.....

Frank J. McLaughlin

Licensed Embalmer No.....

2645

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, fact should be so stated above.