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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 33693

FILED NOV 24 1941

Registration District No. 1791 Primary Registration District No. 1003 Registrar's No. 8651

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 O
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 Days (Specify whether years, months or days)

In this community 1815 A Victor St

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town ST. LOUIS 1223
(If outside city or town limits, write "RURAL")

(d) Street No. 1815 A Victor St
(If rural, give location)

(e) Citizen of foreign country? LIFE (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Anna Schultz

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex FEMALE

5. Color or race WHITE

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

6. (b) Name of husband or wife CHARLES SCHULTZ

6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased JUNE 14 (Month) 1884 (Day) (Year)

8. AGE: Years 57 Months 4 Days 16 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation AT HOME

11. Industry or business HOUSEWIFE

MOTHER FATHER

12. Name BECKMIER

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

14. Maiden name UNKNOWN

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

16. (a) Informant CHARLES SCHULTZ

(b) Address 1815 A VICTOR ST

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof NOV 1-1941 (Month) (Day) (Year)

(c) Place: burial or cremation NEWST MARCUS

18. (a) Signature of funeral director Thos Kutis & Son

(b) Address 2906 Gravois Ave

19. (a) OCT 31 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 30, year 1941 hour 2:40 minute A. M.

21. I hereby certify that I attended the deceased from October 28, 1941, to October 30, 1941 that I last saw her alive on October 30, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
~~Left~~ Cerebrovascular Thrombosis	1½ days
Left middle cerebral artery	
Due to Chr. myocarditis	22 yrs +
Enlargement of heart	2 " +
Due to Hypertension	2 " +
Terminal hypostatic pneumonia	
Other conditions Decubitus	
(Include pregnancy, if any, and any other significant conditions contributing to death but not related to the immediate cause of death)	

Major findings:
Of operations

Of autopsy Same as above

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 M. M. Kerl (M.D. or other)

Address 1515 Lafayette Ave. Date signed 10/30/41

(Licensed Embalmer's Statement on Reverse Side)

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

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 Leo Budde, Registered Apprentice No. ..... working under my personal supervision.

Signed Leo Budde

Licensed Embalmer No. 3989

P. O. Address St. Louis, Mo

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

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