

DEC 22 1941 791

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. _____

8758

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town City of St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5427 N. Union Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State St. Louis (b) County _____
(c) City or town 5427 N. Union
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

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3. (a) PRINT FULL NAME Harry J. Schulz

3. (b) If veteran, name war No 3. (c) Social Security No. Unknown

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

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

7. Birth date of deceased Nov 5 1896
(Month) (Day) (Year)

8. AGE: Years 44 Months 11 Days 27 If less than one day _____ hr. _____ min.

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

10. Usual occupation Salesman

11. Industry or business _____

12. Name Henry J. Schulz

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

14. Maiden name Nellie Cool.

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

16. (a) Informant Nellie Schulz

(b) Address 5427 N. Union Ave.

17. (a) Burial (b) Date thereof Nov 5, 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery

18. (a) Signature of funeral director John A. Genteman

(b) Address 5431 Thrush Ave.

19. (a) Nov 4 1941 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 2nd
year 1941 hour 7:00 minute 21 M.

21. I hereby certify that I attended the deceased from April
1939 to Nov 2 1941
that I last saw him alive on Nov 2 1941
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Angina Pectoris 30 mos.

Due to _____

Due to _____

Other conditions none
(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) NO

(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 R. R. Meiron (M. D. or other) M.D.

Address 5330 Geraldine Date signed 11/3/41

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..... *Welford G Burnley*
Licensed Embalmer No..... *4202*
P. O. Address.....

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.