

No. 2
1-4-41
-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
DEC 23 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39515
Registrar's No. 2570

Registration District No. 784

Primary Registration District No. R1

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Richmond Heights
(c) Name of hospital or institution: St. Mary's Hospital
(d) Length of stay: 0 (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis
(d) Street No. 6623 Itaska Ave.
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Martha Shultz
3. (b) If veteran, name war None
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 11th
year 1941 hour 1:10 minute P.M. M.
21. I hereby certify that I attended the deceased from March
1939 to Dec 11 1941
that I last saw her alive on Dec 11 1941
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Late Charles A. Shultz
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Dec. 13th 1858
(Month) (Day) (Year)

Immediate cause of death Myocardial Infarction
Due to Diabetic Coma
Arteriosclerotic
Due to Diabetic Coma
Other conditions Diabetic Coma
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
82 11 28 _____ hr. _____ min.

9. Birthplace Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife

11. Industry or business _____
12. Name Unknown Fischer
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Charity Cunningham
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Irene Miravalle
(b) Address 6623 Itaska Ave.
17. (a) Burial (b) Date thereof 12-13-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Bellefontaine Cemetery

PHYSICIAN _____
Major findings: _____
Of operations _____
Of autopsy no

18. (a) Signature of funeral director Kriegshauser Mortuary
(b) Address 4228 So. Kingshighway Blvd.
19. (a) DEC 13 1941 (b) C. J. Mc
(Date of registration) (Registrar's signature)

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 [Signature] (M. D. or other) _____
Address _____ Date signed 12-24

707 (Licensed Embalmer's Statement on Reverse Side)

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

MOTHER FATHER

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

Edwin J. McDermott

Licensed Embalmer No. *3024*

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.