

No. 2  
-1-4-41  
-17-39  
FILED  
x 2110

Registration District No. 791

Primary Registration District No. 1003

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  
14742 S. GRAND  
(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 MISSOURI (b) County 17

(c) City or town ST. LOUIS 157 G  
(If outside city or town limits, write "RURAL")

(d) Street No. 4742 S. GRAND  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME ROMIE F. SCHULZE

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 702-14-0634

4. Sex MALE

5. Color or race WHITE

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

6. (b) Name of husband or wife BERTHA SCHULZE

6. (c) Age of husband or wife if alive 64 years

7. Birth date of deceased APRIL 22 1871  
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 29  
year 1941 hour 2 minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov 29, 1941, to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him alive on Nov. 29, 1941,  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Embolism Duration 1 day

Due to Coronary Heart Disease 1935

Due to \_\_\_\_\_

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

8. AGE: Years 70 Months 7 Days 7  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation RAILROAD CLERK

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name JOHN SCHULZE

13. Birthplace ST. LOUIS Mo  
(City, town, or county) (State or foreign country)

14. Maiden name THERESA MICKE

15. Birthplace ST. LOUIS Mo  
(City, town, or county) (State or foreign country)

16. (a) Informant BERTHA SCHULZE

(b) Address 4742 S. GRAND

17. (a) BURIAL (b) Date thereof 12/2/1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PARK

18. (a) Signature of funeral director Shos. Kettis & Son

(b) Address 2906 Gravois

19. (a) DEC 2 1941 (b) J. J. Braden  
(Date received local registrar) (Registrar's signature)

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (z) Means of injury \_\_\_\_\_

23. Signature J. J. Braden (M. D. or other) Sm. D.

Address 5920 Southwest Ave Date signed 12-1-41

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

21.01.78

21.01.78

5930

5930 Social Worker

**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 with the above constitutes grounds for revocation of license.)**

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