

State File No. ....

FILED APR 22 1942  
Registration District No. 787

Primary Registration District No. 117

Registrar's No. 883

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Webster Groves  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
629 S. Rock Hill Road, 1  
(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 Mo. (b) County St. Louis 96  
(c) City or town Webster Groves 9  
(If outside city or town limits, write "RURAL")  
(d) Street No. 629 S. Rock Hill Rd. 11  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No) 0  
If yes, name country .....

3. (a) PRINT FULL NAME Paul A. Schulz.

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

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

6. (b) Name of husband or wife Gertrude Tausher Schulz 6. (c) Age of husband or wife if alive 67 years

7. Birth date of deceased June 4, 1873  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 10 15 hr. min.

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

10. Usual occupation Retired President

11. Industry or business Absorbent Cotton Co. of America

12. Name Agidius Schulz 4

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

14. Maiden name Anna Motz

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

16. (a) Informant Gertude Schulz

(b) Address 629 S. Rock Hill Rd.

17. (a) Cremation (b) Date thereof 4/21/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Chapel

18. (a) Signature of funeral director Robert J. Ambruster

(b) Address Clayton Rd. at Concordia Lane

19. (a) APR 21 1942 (b) E. W. Mc Garra  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 19  
year 1942 hour 9 minute A M.

21. I hereby certify that I attended the deceased from.....  
..... 19..... to..... 19.....  
that I last saw h..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound of chest. Duration

Due to Internal hemorrhage from bullet puncturing left kidney.  
Due to and spleen.

Other conditions (Include pregnancy within 3 months of death)

Major findings: 164c  
Of operations  
Of autopsy Yes. PHYSICIAN

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Suicide.

(b) Date of occurrence April 19, 1942

(c) Where did injury occur? Webster Groves, Mo  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Own home  
(Specify type of place)

While at work? (Specify means of injury) 3

23. Signature Louis H. Hoff (M. D. or other)  
Address Kirkwood, Mo. 4/20/42 Date signed

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

6  
7  
4

APR 22 1948

APR 6 1948

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.....

*Robert L. ...*  
Licensed Embalmer No. 1994  
P. O. Address. St Louis

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.