

Primary Registration District No. _____

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

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:
Good Samaritan Home
(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 020
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4500 Washington Av.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Louisa Schulz
3. (b) If veteran, name war no
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 22
year 1943 hour 4 minute 00 M.
21. I hereby certify that I attended the deceased from April 24
1943 to May 22, 1943
that I last saw her alive on May 13, 1943
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, widow
6. (b) Name of husband or wife Louis Schulz
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Mar. 1 1864
(Month) (Day) (Year)

Immediate cause of death: Subarachnoid hemorrhage
Due to _____
Due to _____

8. AGE: Years 79 Months 2 Days 21
If less than one day _____ hr. _____ min.
9. Birthplace: _____
(City, town, or county) (State or foreign country) Germany

Other conditions: arteriosclerosis
(Include pregnancy within 3 months of death)

10. Usual occupation at home
11. Industry or business _____
12. Name John Schiel
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations: _____
Of autopsy: _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Edgar J. Schmidt
(b) Address 3016 S. 13th St.
17. (a) Cremation (b) Date thereof 5-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mo. Crematory with Bro. St. Nic.
18. (a) Signature of funeral director _____
(b) Address 2929 S. Jefferson Av.
19. (a) MAY 23 1943 (b) J. J. Bredock
(Date received local registrar) (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 H. F. Bergman (M. D. or other) M.D.
Address 3720 Washington Date signed 5/22/43

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 *Gustav W. Dietrich*

Licensed Embalmer No. *4329*

P. O. Address *2929 S. Jefferson*

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.