

Bureau of Census
FILED JAN 7 1944

Registration District No. 1818

Primary Registration District No. 1003

Registrar's No. 11737

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:
Anna Lutheran Hospital
(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 _____
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 4233 W Farlin Ave
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Anna Schulze

3. (b) If veteran, name war _____
3. (c) Social Security No. 486-28-3527

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

6. (b) Name of husband or wife Paul M. Schulze 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased Aug 18 1889
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
54 4 8 hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name Freese
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Bodemann
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant C. Ostermeyer

(b) Address Mexico Missouri

17. (a) Burial (b) Date thereof 12/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation 1111 BETHLEHEM CEM.

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) DEC 27 1943 (b) F. Beedeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec, day 26
year 1943 hour 6 minute 15a M.

21. I hereby certify that I attended the deceased from Sept. 15
1943 to Dec. 26 1943
that I last saw her alive on Dec. 26 1943
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Carcinoma of cervix

Due to _____
1/6/44

Due to _____
Generally metastasis

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations or above
Of autopsy _____

Duration
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 Jan
(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 J. H. Wray (M. D. or other) J. H. Wray
Address 3606 S. Rayon Date signed 12-27-43

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

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.....

Frank H. Street

Licensed Embalmer No. 2265

P. O. Address 4600 York Bridge

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.