

FILED JAN 10 1944

Registration District No. 58

Primary Registration District No. 3010

Registrar's No. 426

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

1. PLACE OF DEATH: Cape Girardeau

(a) County Cape Girardeau

(b) City or town \_\_\_\_\_

(c) Name of hospital or institution: St. Croix Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 mo. (Specify whether \_\_\_\_\_)

In this community 77 yrs.  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape Girardeau

(c) City or town Cape Girardeau  
(If outside city or town limits, write "RURAL")

(d) Street No. 803 Independence  
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME GUSTAVE SCHULTZ

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 30 1943  
year 1943 hour 6 minute A M.

21. I hereby certify that I attended the deceased from Dec 1  
1943 to Dec 30 1943  
that I last saw h. / m. alive on Dec 29 1943  
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Otilla Walters Schultz 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 26 1866  
(Month) (Day) (Year)

Immediate cause of death \_\_\_\_\_

8. AGE: Years 77 Months 3 Days 2 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Asteris sclerosis 6 yrs.

Due to senility

9. Birthplace Cape Girardeau Mo  
(City, town, or county) (State or foreign country)

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

10. Usual occupation Justice Peace

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

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

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

12. Name Chas. Schultz

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

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

14. Maiden name Caroline (unknown)

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

16. (a) Informant Louis Schultz

(b) Address Cape Girardeau Mo

17. (a) Burial (b) Date thereof Jan 1 - 44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Germany

18. (a) Signature of funeral director J. Powell

(b) Address Cape Girardeau Mo

19. (a) 1-5-44 (b) F. W. Phelps  
(Data 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 E. B. Schick (M. D. or other) \_\_\_\_\_  
Address Cape Girardeau, Mo. Date signed 1/5/44

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

1014

MAR 14 1944

RECEIVED

District Health Officer No. 4  
District File Number 144-3198  
Date Filed 1-7-44

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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 W. H. Estes

Licensed Embalmer No.....

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.**