No. 2
I—2-43
5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 25 1944

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16744

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 4522

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7107 Virginia Ave. /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DEACESED: 000

(a) State Missouri (b) County 17
(c) City or town St. Louis. 61
(If outside city or town limits, write "RURAL")
(d) Street No. 7107 Virginia Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Leana Schultheis
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife Vincent Schultheis
6. (c) Age of husband or wife if alive XXX years
7. Birth date of deceased March (Month) 29 (Day) 1872 (Year)
8. AGE: Years 72 Months 1 Days 17 If less than one day hr. min.
9. Birthplace (City, town, or county) Missouri (State or foreign country) 0
10. Usual occupation Nil
11. Industry or business
FATHER 12. Name Beierlein
13. Birthplace (City, town, or county) Germany (State or foreign country) 4
MOTHER 14. Maiden name Unknown
15. Birthplace (City, town, or county) Germany (State or foreign country) 4
16. (a) Informant Mrs Anna May.
(b) Address 7107 Virginia Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 5/17/44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews Cem.
18. (a) Signature of funeral director E. J. Schnur
(b) Address 3125 Lafayette Ave.
19. (a) MAY 16 1944 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15 year 1944 hour 6 minute 40 A.M.
21. I hereby certify that I attended the deceased from May 7, 1944, to May 15, 1944; that I last saw her alive on May 14, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death: apoplexy: cerebral hemorrhage

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

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
(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? (Specify type of place)
While at work? (e) Means of injury

23. Signature E. W. McMurtry (M. D. or other)
Address L. & N. Y. Virginia Date signed 5-15-44

(Licensed Embalmer's Statement on Reverse Side)

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 Jos B Vollmer

Licensed Embalmer No. 4014

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

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