

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22572

FILED JUN 24 1944

Primary Registration District No. 6076

Registrar's No. 1330

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Lemay
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
129 W. Velma ave.
(If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

3. (a) PRINT FULL NAME AUGUSTA SCHULZE

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife Eduard Schulze 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased May 29 1859
(Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 19 If less than one day _____ hr. _____ min.

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

10. Usual occupation At Home

11. Industry or business _____

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Miss L. Kappler

(b) Address 129 W. Velma ave.

17. (a) Burial (b) Date thereof June 20-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Cem.

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.

(b) Address 7814 S. Broadway

19. (a) JUN 20 1944 (b) E. G. Moore, M.D.
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96
(c) City or town Lemay
(If outside city or town limits, write "RURAL") 0
(d) Street No. 129 W. Velma ave.
(If rural, give location) 0
(e) Citizen of foreign country? no (Yes or No) 0
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 18
year 1944 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from April 4, 1944, to June 19, 1944
that I last saw her alive on June 19 and that death occurred on the date and hour stated above.

Immediate cause of death Ac Dilatation of Heart & boy
Chronic myocarditis yrs
Due to _____
Due to _____

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

Major findings: Of operations 930
Of autopsy _____

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

(c) 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) (c) Means of injury _____

23. Signature Erving S. Creel (M. D. or other) _____
Address 988 Lemay Ferry Rd Date signed 6/19

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

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39
37823

