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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG 11 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 22540

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6862

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: City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution one week (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 1724
(If outside city or town limits, write "RURAL")
(d) Street No. 3447 South Jefferson 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jacob Schultheis

3. (b) If veteran, name war X

3. (c) Social Security No.

4. Sex male

5. Color or race White

6. (a) Single, widowed, married, divorced widowed

6. (b) Name of husband or wife Bertha Schultheis

6. (c) Age of husband or wife if alive years

7. Birth date of deceased May 20, 1866 (Month) (Day) (Year)

8. AGE: Years 79 Months 2 Days 12 If less than one day hr. min.

9. Birthplace Milstadt (City, town, or county) Illinois (State or foreign country)

10. Usual occupation Gardener

11. Industry or business City of St. Louis

FATHER
12. Name John Schultheis
13. Birthplace Not known (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Not known
15. Birthplace Not known (City, town, or county) Germany (State or foreign country)

16. (a) Informant Harry Schultheis
(b) Address 6647 Mardel

17. (a) burial (Burial, cremation, or removal) (b) Date thereof 8/6/45 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cem

18. (a) Signature of funeral director J L Ziegenhein & Sons
(b) Address 7027 Gravois

19. (a) AUG 4 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 2nd year 1945 hour 10 minute 30a M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Immediate cause of death Fractured Right Hip
Underneath Surface
when diagnosed fell down the
Due to cellar at home 3447 Jefferson
Art Jd July 1945 - as above
Due to 1945 JFM

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

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) Accident
(b) Date of occurrence July 25 1945
(c) Where did injury occur? St Louis Mo (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home (Specify type of place)
While at work? (e) Means of injury Auto

23. Signature C. J. Perry (M.D. or other)
Address Deputy Coroner Date signed 8/3/45

(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 C. P. Kidwell

Licensed Embalmer No. 3877

P. O. Address 7037 Graves

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.