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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 42510

FILED JAN 12 1946

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 6

1. PLACE OF DEATH:

(a) County St. Louis,
(b) City or town Meramec
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Olive St. Rd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution none (Specify whether
In this community 62 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME Viola M. Schulze,

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife —

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

7. Birth date of deceased Oct. (Month) 29, (Day) 1883 (Year)

8. AGE: Years 62 Months 2 Days 1 If less than one day hr. min.

9. Birthplace St. Louis Co. (City, town, or county) Mo. (State or foreign country)

10. Usual occupation Housework,

11. Industry or business At home,

FATHER
12. Name Lewis Schulze,
13. Birthplace St. Louis Co. (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Elizabeth Walter,
15. Birthplace St. Louis Co. (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Walter V. Schulze,
(b) Address Chesterfield, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1/2/46 (Month) (Day) (Year)
(c) Place: burial or cremation Hiram Cem.

18. (a) Signature of funeral director Schrader Funeral Home,
(b) Address Ballwin, Mo.

19. (a) 1-4-46 (Date received local registrar) (b) E. J. McGarran MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 30, year 1945 hour 11 minute 40 A. M.

21. I hereby certify that I attended the deceased from Dec 25, 1945, to Dec 30, 1945; that I last saw her alive on Dec 28, 1945; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of breast	6 months or more
Due to 50	
Due to	
Other conditions Pneumonia (Include pregnancy within 3 months of death)	5 days

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)
(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 Quentin M Gaines (M. D. or other)
Address 508 N. Kirkwood Rd Date signed 12/31/45

7.7

(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 Theo. Schrader

Licensed Embalmer No. 3066

P. O. Address Ballwin Mo.

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.