S. No. 2
M—2-43
. 5-17-39
P I X35697

3050

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JAN 21 1946

Registration District No. 318 Primary Registration District No. 1003

State File No. 901

Registrar's No. 135

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: Mo. Baptist Hospo
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County

(c) City or town St Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 3454 Eads
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Charles H Schultz

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex M O

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 19 (Day) 1919 (Year)

8. AGE: Years 26 Months 1 Days 15 If less than one day hr. min.

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

10. Usual occupation Shoe Buyer

11. Industry or business Scruggs

FATHER
12. Name Charles A Schultz
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Bertha Ring
15. Birthplace (City, town, or county) Minn. (State or foreign country)

16. (a) Informant Mr Donald J Schultz
(b) Address 3454 Eads Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-7-46 (Month) (Day) (Year)
(c) Place: burial or cremation New SS Peter Paul

18. (a) Signature of funeral director E J Schmid
(b) Address 3125 Lafayette

19. (a) JAN 6 1946 (Date received local registrar) (b) J. H. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 3 year 1946 hour 6 minute P.M.

21. I hereby certify that I attended the deceased from Sept 9, 1942 to Jan 3, 1942 that I last saw him alive on 1-3, 1946 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acidosis (Diabetes comm)	12 hrs
Due to Diabetes mellitus	2 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	

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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 Hanford Phillips (M. D. or other)
Address 1117 N. Union Date signed 1-5-46

(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 Wollmer

Licensed Embalmer No. 4014

P. O. Address St Louis 4 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.