

FILED MAY 20 1946
Registration District No. 517

Primary Registration District No. 6076

Registrar's No. 1068

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Wellston
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
6208 Plymouth Ave. /
(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)

3. (a) PRINT
FULL NAME

Harriet M. Schulz

3. (b) If veteran,
name war Nil

3. (c) Social Security
No. 494-07-8819

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife John Schulz
6. (c) Age of husband or wife if alive 39 years
7. Birth date of deceased December 12 1908
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
37 5 3 _____ hr. _____ min.

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

10. Usual occupation Housewife

11. Industry or business

Harry Schell

12. Name Unknown Unknown

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

14. Maiden name Mary Jane Ervin

15. Birthplace Cutler Illinois
(City, town, or county) (State or foreign country)

16. (a) Informant John Schulz

(b) Address 6208 Plymouth Ave.

17. (a) Removal (b) Date thereof 5-16-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sparta, Illinois

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) 5-17-46 (b) E. J. McGarvey
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6208 Plymouth Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 15
year 1946 hour 10:00 minute P. M.

21. I hereby certify that I attended the deceased from Feb 1st 1946 to May 15 1946
that I last saw him alive on May 14 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer
Pulmonary, extensive
Due to primary of cancer 3 yrs.

Due to 3 yrs

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

ADDITIONAL
SUPPLEMENTARY
INFORMATION
REQUESTED

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?

While at work? ✓ (Specify type of place)
(e) Means of injury ✓
Signature W. J. McGarvey (M.F.D. or other)
Address 6201 E. 1st St. Date signed 5-16-46

NOV 13 1948

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.....

John G. Gonski

Licensed Embalmer No. *2348*

P. O. Address.....

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.

DEPARTMENT OF COMMERCE
 BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. June
 Registrar's No. 1068

Registration District No. 317 Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St Louis
 (b) City or town Wellston
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (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)

3. (a) PRINT FULL NAME

(b) If veteran, name war

(c) Social Security No.

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced

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

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

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

10. Usual occupation

11. Industry or business

12. Name

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

14. Maiden name

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

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County
 (c) City or town (If outside city or town limits, write "RURAL")
 (d) Street No. (If rural, give location)
 (e) Citizen of foreign country? (Yes or No)
 If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May 1946 year 1946 hour 10 minute 15 M.

21. I hereby certify that I attended the deceased from May 10 to May 13 1946
 that I last saw him alive on May 13 and that death occurred on the date and hour stated above.
 Immediate cause of death

Due to Primary rate cardiovascular
 Due to

ADDITIONAL SUPPLEMENTARY INFORMATION REQUESTED
 Other conditions (Include pregnancy within 3 months of death)
 Major findings: Of operations

Of autopsy

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? ✓

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

23. Signature 9R. Hicks (M. D. or other DO.)
 Address 6201 2nd Date signed

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

SUPPLEMENTARY

16985

18106