

S. No. 2  
DM-5-43  
v. 5-17-39  
I X38671

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED APR 14 1947**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH  
**1003**

**11516**  
State File No. **3544**  
Registrar's No. \_\_\_\_\_

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**  
(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Missouri Baptist Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community None weeks (Specify whether)  
years, months or days

**3. (a) PRINT FULL NAME** Ethel M. Schulz  
**3. (b) If veteran,** \_\_\_\_\_ **3. (c) Social Security** \_\_\_\_\_  
name war \_\_\_\_\_ No. \_\_\_\_\_

**4. Sex** Female **5. Color or race** White  
**6. (a) Single, widowed, married, divorced** married  
**6. (b) Name of husband or wife** William H. Schulz **6. (c) Age of husband or wife if alive** 50 years  
**7. Birth date of deceased** Oct. 24, 1896  
(Month) (Day) (Year)

**8. AGE:** Years 50 Months 5 Days 9 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

**10. Usual occupation** Housewife

**11. Industry or business** \_\_\_\_\_

**12. Name** Agnes A. Haas

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

**14. Maiden name** Charlote Weidner

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

**16. (a) Informant** Rev. H. E. Camp

**(b) Address** 4265 Shaw Dr.

**17. (a)** Burial (Burial, cremation, or removal) **(b) Date thereof** 4-4-47 1947  
(Month) (Day) (Year)

**(c) Place: burial or cremation** Valhalla Cem.

**18. (a) Signature of funeral director** Chas. A. Bull

**(b) Address** 4459 Washington Pl.

**19. (a)** APR 3 1947 (Date received local registrar)

J. J. Breese (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**  
(a) State Missouri (b) County St. Louis Co. 96  
(c) City or town Normandy (If outside city or town limits, write "RURAL")  
(d) Street No. 5348 Colton Drive (If rural, give location) NR.  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) /  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month April day 2  
year 1947 hour 5 minute 30 A. M.

**21. I hereby certify that I attended the deceased from** 2 November, 1946, to 2 April, 1947.  
that I last saw her alive on 1 April, 1947.  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of body of pancreas Duration 9 mos.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) H/O

Major findings: Of operations \_\_\_\_\_

Of autopsy Carcinoma of body of pancreas with metastasis to stomach, liver, etc.

**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** T. S. Strake (M. D. or other) \_\_\_\_\_

**Address** 114 N. Taylor **Date signed** 2 Apr. '47

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

MOTHER FATHER

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**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 Ketter*

Licensed Embalmer No.

3880

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.**