No. 2
-1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED MAY 2 1947 53924

State File No. 19343

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 4882

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital, Max Starkloff Memorial.
(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 Missouri (b) County 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 3106a So. 7th St. 9
(If rural, give location)

24

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME BRUNO SCHULTZ

3. (b) If veteran, name war No

3. (c) Social Security No. 500-18-0122

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Cora Schultz

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

7. Birth date of deceased July (Month) 1 (Day) 1902 (Year)

8. AGE:

Years	Months	Days	If less than one day
44	10	12	hr. min.

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

10. Usual occupation Beer Bottler

11. Industry or business Falstaff Brewing Corp.

FATHER
12. Name Bruno Schultz
13. Birthplace (City, town, or county) Germany (State or foreign country) 4

MOTHER
14. Maiden name Mary Hahn
15. Birthplace Milwaukee (City, town, or county) Wisconsin (State or foreign country)

16. (a) Informant Mrs. Mary Schultz
(b) Address 3023 N. 24th Pl., Milwaukee, Wis.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 5-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation Milwaukee, Wisconsin

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Blvd.

19. (a) MAY 14 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th year 1947 hour 2:30 minute A M.

21. I hereby certify that I attended the deceased from 5-9-47 2, 19, to 5-13-47, 19; that I last saw him alive on 5-13-47, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia-Bronchial

Due to

Due to Alcoholism, acute

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

107

Duration

PHYSICIAN

Underline the cause of 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) 0

While at work? (e) Means of injury

23. Signature Joseph Lucido (M. D. or other) MD

Address 1515 Lafayette Date signed 5-13-47

Joseph Lucido

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

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

4882

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 Elmo R. Caldwell

Licensed Embalmer No. 4077

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.