

No. 2
12-45
17-39
X47370

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED MAY 29 1947
318

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

19344

State File No. _____
Registrar's No. 5055

Registration District No. _____ Primary Registration District No. _____

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: City Sanitarium 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 8 mos. 27 ds.
In this community 69 yrs.
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 17
(d) Street No. 1504 Palm St.
(If rural, give location) 26
(e) Citizen of foreign country? No (Yes or No) 13
If yes, name country _____

3. (a) PRINT FULL NAME KATHERINE SCHULTZ
3. (b) If veteran, name war none 3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month May day 17
year 1947 hour 11.05 minute P M.
21. I hereby certify that I attended the deceased from Sept. 1
1946 to May 17, 1947
and that death occurred on the date and hour stated above.
that I last saw h. er alive on May 17 1947

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife Late Bernard Schultz
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased August 29 1877
(Month) (Day) (Year)

Immediate cause of death Cerebral Hemorrhage Duration 8 hrs.
Due to Diabetes Melitus 8/27/45x
Due to _____
Other conditions (Include pregnancy within 3 months of death) 61

8. AGE: Years Months Days If less than one day
69 8 18 hr. _____ min.

Major findings: Of operations _____
Of autopsy _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace St. Louis Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name David Bauer 11

13. Birthplace Germany 1
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Diel

15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Bara Robinson

(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 5-21-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cemetery

18. (a) Signature of funeral director Hy. Leidner U. Co.

(b) Address 2225 St. Louis Ave.

19. (a) MAY 20 1947 (b) J. F. Bredeek
(Date received local registrar) (Registrar's signature)

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)
(2) Means of injury _____
23. Signature R. H. Potter (M. D. or other) M.D.
Address 5400 Arsenal St. Date signed _____

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

MOTHER FATHER

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 P. Buchholz

Licensed Embalmer No.

1674

P. O. Address

2223 St. Louis A

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.