S. No. 2
M—1/47
5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

AUG 12 1947

Registration District No. 317

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 26400

Registrar's No. ~~1648~~ 1676

1. PLACE OF DEATH:
(a) County: St Louis
(b) City or town: Affton (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 6809 Aliceton (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St Louis
(c) City or town: Affton (If outside city or town limits, write "RURAL")
(d) Street No.: 6809 Aliceton (If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country .....

3. (a) PRINT FULL NAME: Emil Schultes
3. (b) If veteran, name war: X
3. (c) Social Security No.: 491-16-9599
4. Sex: male
5. Color or race: white
6. (a) Single, widowed, married, divorced: married
6. (b) Name of husband or wife: Katherine Schultes
6. (c) Age of husband or wife if alive: 83 years
7. Birth date of deceased: August 4, 1859 (Month) (Day) (Year)

8. AGE: Years 88 | Months 0 | Days 1 | If less than one day ..... hr. ..... min.

9. Birthplace: Solingen (City, town, or county) Germany (State or foreign country)
10. Usual occupation: retired shipping clerk
11. Industry or business .....
FATHER
12. Name: Albert Schultes
13. Birthplace: not known (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name: Amelia Schrick
15. Birthplace: not known (City, town, or county) Germany (State or foreign country)
16. (a) Informant: Clara Wiedemann
(b) Address: Sappington Mo
17. (a) burial (Burial, cremation, or removal) (b) Date thereof: 8/7/47 (Month) (Day) (Year)
(c) Place: burial or cremation: Resurrection Cemetery
18. (a) Signature of funeral director: J. L. Ziegenhein & Sons
(b) Address: 7027 Gravois
19. (a) 8-8-47 (Date received local registrar) (b) Carl C. Zlaptik (Registrar's signature) M.D.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Aug day: 5 year: 1947 hour: 14 minute: 20 P.M.
21. I hereby certify that I attended the deceased from: June 10, 1947 to: Aug 5, 1947 that I last saw him alive on: July 30, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral Hemorhage — Duration: 2 hrs
Chronic nephritis — 5 years
Due to: Arteriosclerosis — 10 yrs
Due to: 1312
Other conditions (Include pregnancy within 3 months of death) .....
Major findings: Of operations .....
Of autopsy .....

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)
While at work? ..... (e) Means of injury: 0
Signature: Walter L. Kelley (M. D.)
Address: 9915 Gravois Affton Date signed: 8/6/47

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

Jefferson City Printing Co.

(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 W. G. Peterson

Licensed Embalmer No. 3767

P. O. Address 7027 Gravoi

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.