

FILED AUG 16 1947

Registration District No. ....

Primary Registration District No. 3069

Registrar's No. 1647

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town RICHMOND HEIGHTS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
7511 HIAWATHIA AVE.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution  
In this community  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County ST. LOUIS, 96  
(c) City or town RICHMOND HEIGHTS, ✓  
(If outside city or town limits, write "RURAL")  
(d) Street No. 7511 HIAWATHIA AVE., 3  
(If rural, give location) 0  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME HENRY SCHULZ, SR.

3. (b) If veteran name war NO  
3. (c) Social Security No. 498-23-0495

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 2 year 1947 hour 5 minute 15 P. M.  
21. I hereby certify that I attended the deceased from Nov. 5, 1946 that I last saw him alive on July 18, 1947 and that death occurred on the date and hour stated above.

4. Sex MALE  
5. Color or race WHITE  
6. (a) Single, widowed, married, divorced, DIVORCED.  
6. (b) Name of husband or wife CLARA SCHULZ.  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased JULY 12 1883  
(Month) (Day) (Year)

Immediate cause of death Chronic Myocarditis 3 yrs.  
Due to Auricular Fibrillation 1 year.  
and Giant Arteriosclerosis.  
Other conditions: g3d  
(Include pregnancy within 3 months of death)

8. AGE: - Years Months Days If less than one day  
64 --- 20 hr. min.

9. Birthplace ST. PAUL, MINN. 1  
(City, town, or county) (State or foreign country)

10. Usual occupation SALESMAN, (PAINT)

11. Industry or business BENJAMINE MOORE & CO.

12. Name HENRY SCHULZ.

13. Birthplace GERMANY. 4  
(City, town, or county) (State or foreign country)

14. Maiden name ANNA  
15. Birthplace PEORIA, ILLINOIS. 1  
(City, town, or county) (State or foreign country)

16. (a) Informant HENRY A. SCHULZ.

(b) Address 1456 LYNDALE

17. (a) BURIAL (b) Date thereof AUG. 5 1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MOUNT LEBANON CEMETERY

18. (a) Signature of funeral director C. R. LUPTON & SONS.  
(b) Address 7233 DELMAR BLVD.

19. (a) 8-4-47 (b) Cecilia J. Sharp  
(Date received local registrar) (Registrar's signature)

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.....  
23. Signature Charles Hoenberger (M. D. or other)  
Address 7745 Olive St. Road Date signed 8/2/47

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

FEB 11 1948

JUL 30 1948

Dr. Charles T. Neanderberger  
7745 Olive St. Pa.  
DE-0211  
4-7 P.M.

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 Raymond L. Morris  
Licensed Embalmer No. 4330  
P. O. Address Maplewood, Mo

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.