S. No. 2
M—1/47
v. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED SEP 18 1947

Registration District No. 818

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32998

Registrar's No. 8406

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

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: Little Sisters of Poor 5
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 Year (Specify whether
In this community 60 Years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 0 a 0

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

(d) Street No. 3226 No. Florissant Ave. 9
(If rural, give location)

(e) Citizen of foreign country? 26 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Agatha Schulz

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F. 1

5. Color or race W.

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Charles F. Schulz

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

7. Birth date of deceased Aug. (Month) 7 (Day) 1867 (Year)

8. AGE:

Years	Months	Days	If less than one day
80	0	24	hr. min.

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

10. Usual occupation Housekeeper

11. Industry or business

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

MOTHER
14. Maiden name Paulina Haufser
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Charles J. Schulz
(b) Address 2931 Hebert St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-5-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd

19. (a) SEP 4 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 1
year 1947 hour 11. minute 00 P.M.

21. I hereby certify that I attended the deceased from May 12, 1947, to Sept 1, 1947
that I last saw her alive on August 29, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Senility

Due to

Due to

Other conditions None
(Include pregnancy within 3 months of death)

Major findings:
Of operations None
Of autopsy None

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) None
(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

23. Signature Bernard L. Stolle (M. D. or other)
Address 2302 Salisbury St. Date signed 9-2-47

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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lundell

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.