No. 2
1/47
17-39

#78604

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED NOV 22 1947

Registration District No.

# MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

State File No. 40158

Primary Registration District No. 1003

Registrar's No. 10280

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

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution City Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community about 58 yrs
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 0a0
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1933 Sullivan Ave. 9
(If rural, give location)
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME BELL SCHULTZ
3. (b) If veteran, name war no
3. (c) Social Security No.

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frank Schultz
6. (c) Age of husband or wife if alive 60 years
7. Birth date of deceased 4 (Month) 12 (Day) 1886 (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 61 | 6 | 24 | hr. min. |

9. Birthplace Peoria (City, town, or county) Ill. (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name James Killinger
13. Birthplace unknown (City, town, or county) Penn. (State or foreign country)
MOTHER
14. Maiden name Belle Fitzgerald
15. Birthplace unknown (City, town, or county) Ireland (State or foreign country)
16. (a) Informant Mr Frank Schultz
(b) Address 1933 Sullivan Ave.,
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 11-8-47 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Goodwin & Goodwin
(b) Address 2228 St. Louis Ave.
19. (a) NOV 7 1947 (Date received by local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 6th
year 1947 hour 4:40 minute A M.
21. I hereby certify that I attended the deceased from 11/6/47
, 19, to November 6th 1947
that I last saw her alive on November 6th 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary edema
Cancer of ovary
ascites

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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)
While at work (e) Means of injury
23. Signature Earle P. Seman M.D.
Address 1515 Lafayette Date signed 11/6/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side) EARLE P SEMAN

## 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 Henry M. Brammer

Licensed Embalmer No. 4200

P. O. Address St. Louis

**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.**