S. No. 2
1—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED APR 30 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 14640
Registrar's No. 3808

1. PLACE OF DEATH:
(a) County
(b) City or town SAINT-LOUIS, MISSOURI
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution DEACONESS HOSPITAL
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 11 DAYS (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County
(c) City or town SAINT LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 2627 MARCUS AVENUE
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME BLANCHE M. SCHULZ
3. (b) If veteran, name war
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 MATTHEW SCHULZ
6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased DECEMBER 5th, 1893 (Month) (Day) (Year)

8. AGE: Years 54 | Months 4 | Days 17 | If less than one day hr. min.

9. Birthplace SAINT JOSEPH, MISSOURI
(City, town, or county) (State or foreign country)
10. Usual occupation HOUSEWORK
11. Industry or business

FATHER
12. Name JOHN WRIGHT
13. Birthplace UNKNOWN
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name LUCY (UNKNOWN)
15. Birthplace PLATTSBURG, MISSOURI
(City, town, or county) (State or foreign country)

16. (a) Informant MR. MATTHEW SCHULZ
(b) Address 2627 MARCUS AVENUE
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 4/26/48 (Month) (Day) (Year)
(c) Place: burial or cremation ZION CEMETERY
18. (a) Signature of funeral director CALVIN F. FEUTZ
(b) Address 4828 NATURAL BRIDGE BOULEVARD
19. (a) APR 23 1948 (Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 22nd year 1948 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from Apr 11, 1948, to Apr 22, 1948 that I last saw he alive on Apr 22, 1948 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial infarction	12 days
Due to: Coronary thrombosis	12 days
Due to:	
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

23. Signature (M. D. or other)
Address Date signed

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

2632 S. KINGSHIGHWAY BLVD.,
1 to 4 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 John A. Mlman

Licensed Embalmer No. 4186

P. O. Address St. Louis 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.