

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

No. 2
1/47
17-39

Registration District No. **3179**

Primary Registration District No. **6076**

1. PLACE OF DEATH:
 (a) County **St. Louis**
 (b) City or town **Jefferson Barracks**
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **Veterans Administration Hospital**
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **27 Days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
 (a) State **Illinois** (b) County **Wayne**
 (c) City or town **Fairfield**
(If outside city or town limits, write "RURAL")
 (d) Street No. **RR #2**
(If rural, give location)
 (e) Citizen of foreign country? **No** (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME **SCHULTZ, Andrew J.**
 3. (b) If veteran, name war **VV-1** 3. (c) Social Security No. **Unknown**

4. Sex **Male** 5. Color or race **White**
 6. (a) Single, widowed, married, divorced **Widowed**
 6. (b) Name of husband or wife **Unknown** 6. (c) Age of husband or wife if alive _____ years
 7. Birth date of deceased **December 4 1890**
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	57	4	4	_____ hr. _____ min.

9. Birthplace **Watsika, Illinois**
(City, town, or county) (State or foreign country)

10. Usual occupation **Laborer**

11. Industry or business _____

12. Name **Neal Schultz**

13. Birthplace **Illinois**
(City, town, or county) (State or foreign country)

14. Maiden name **Mary Unknown**

15. Birthplace **Unk**
(City, town, or county) (State or foreign country)

16. (a) Informant **Registrar, VA Hospital**

(b) Address **Jefferson Barracks, Missouri**

17. (a) **Removal** (b) Date thereof **4-10-48**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Fairfield, Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **1700 Washington, St. Louis, Mo.**

19. (a) **4-10-48** (b) **George Harpold**
(Date received local registrar) (Registrar signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **April** day **8**
 year **1948** hour **9:10** minute _____ P. A. M.

21. I hereby certify that I attended the deceased from **March 12, 1948** to **April 8, 1948**
 that I last saw him alive on **April 8, 1948**
 and that death occurred on the date and hour stated above.

Immediate cause of death **CARCINOMA, LEFT KIDNEY, METASTATIC**

Major Contributory cause: **METASTASES**

Due to _____

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: **12/31/47 Left Nephrectomy**
 Of operations _____

Of autopsy **No Autopsy performed**

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 _____? (e) Means of injury _____

23. Signature **L.E. Stillwell** (M. D. **REGISTERED**)
 Address **VAH, Jeff Brks. Mo.** Date signed **4/9/48**

Duration _____
 PHYSICIAN _____
 Underline the cause of which death should be charged statistically.

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11
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2

528

MOTHER FATHER

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.....

.....
working under my personal supervision.

Registered Apprentice No.

Signed *Gustav W Dietrich*

Licensed Embalmer No. *4329*

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.