No. 2
1/47
17-39

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

12024

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28202

FILED AUG 23 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 6990

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: St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Memorial (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County

(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")

(d) Street No. 3932a NEBRASKA
(If rural, give location)

(e) Citizen of foreign country? 24 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Marie E. 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~~ ERVIN

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

7. Birth date of deceased OCT. (Month) 14 (Day) 1895 (Year)

8. AGE: Years 52 Months 9 Days 25 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business

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

MOTHER
14. Maiden name ANNA BELFORD
15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant ERVIN SCHULZ
(b) Address 3932a NEBRASKA

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG. 11 1948 (Month) (Day) (Year)
(c) Place: burial or cremation SUNSET BURIAL PK.

18. (a) Signature of funeral director Thomas Kutis + Son
(b) Address 2906 GRAVOIS ST. LOUIS, MO.

19. (a) AUG 9 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 8th year 1948 hour 8 minute 35 M.

21. I hereby certify that I attended the deceased from 8-5-48, 19, to 8-8-48, 19; that I last saw her alive on 8-8-48, 19; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral hemorrhage due to arteriosclerosis — Duration 36 hr

Due to Arteriosclerosis

Due to

Other conditions Diabetes Mellitus (Include pregnancy within 3 months of death) — (?)

Major findings: Intercapillary glomerulosclerosis

Of operations

Of autopsy Not performed

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 [signature] (M. D. ~~or other~~)

Address 1515 Lafayette Date signed 8-9-48

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

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.....Leo J. Budde.....

Licensed Embalmer No. 3989

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.