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FEDERAL SECURITY AGENCY  
National Office of Vital Statistics  
**FILED OCT 1 1948**

MISSOURI DIVISION OF HEALTH  
**STANDARD CERTIFICATE OF DEATH**  
**1003**

State File No. **31420**  
**8268**  
Registrar's No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

**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:  
4204 N. Bdwy.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 67 yrs. (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County 000  
(c) City or town St. Louis (If outside city or town limits, write "RURAL") 9  
(d) Street No. 4204 N. Bdwy. (If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME August Schultz

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Flora Schultz 6. (c) Age of husband or wife if alive 74 years  
7. Birth date of deceased March 23 1862  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
86 5 27 hr. min.

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

10. Usual occupation Retired Shoe Maker

11. Industry or business Shoe Repair

MOTHER FATHER { 12. Name Unknown  
13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Flora Schultz  
(b) Address 4204 N. Bdwy.

17. (a) Burial (b) Date thereof 9-22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 20th St.

19. (a) SEP 21 1948 (b) J. F. Braseck  
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 20th  
year 1948 hour 3 minute 30 P.M.

21. I hereby certify that I attended the deceased from September 13 " 1948 to September 20 " 1948  
that I last saw him alive on September 18 " 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Vascula Hypertensiva 2 spec.  
Due to Chronic Hypertension  
Due to Ischaemic Myelitis  
Carcinoma of Basal Ganglia  
Other conditions old age  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN H. M.  
Underline the cause to 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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Nicholas Klym (M. Doctor)  
Address 116 S. Olive St. Date signed 9-21-48

(Licensed Embalmer's Statement on Reverse Side)

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

**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 *Merville B. Furkewetter*

Licensed Embalmer No. *3696*

P. O. Address *3934 N. 20th ST.*

**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.**