

WHITE PAPER—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

31152
State File No.
8215
Registrar's No.

Registration District No. _____

Primary Registration District No. _____

1. PLACE OF DEATH:

(a) County. 2
(b) City or town. St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 2302 Menard St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 58 years (years, months or days)

8. (a) PRINT FULL NAME

LUDWIG SCHULZE 470

3. (b) If veteran, name war _____

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 Emma

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased January (Month)

14 (Day) 1861 (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>8</u>	<u>8</u>	hr. _____ min. _____

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

10. Usual occupation Merchant

11. Industry or business Dry Goods Store

MOTHER FATHER { 12. Name Johann Schulze

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

14. Maiden name Unknown

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

16. (a) Informant's own signature Mrs. Adolph Nemeyer

(b) Address Jefferson City, Mo.

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Sept. 25, 1939 (Month) (Day) (Year)

(c) Place: burial or cremation Concordia Cemetery

18. (a) Signature of funeral director Beiderwieden Funl Home

(b) Address 1936 St. Louis Ave.

19. (a) SEP 25 1939 (Date received local registrar)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2302 Menard (If rural, give location)
(e) If foreign born, how long in U. S. A. 58 years years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 22 year 1939 hour 12 minute 20

21. I hereby certify that I attended the deceased from June 1, 1939 to Sept 22, 1939
that I last saw him alive on Sept 22, 1939
and that death occurred on the date and hour stated above.

Immediate cause of death Cancer of Stomach
Duration about 1 1/2 yrs.

Due to _____

Due to _____

Other conditions 46
(Include pregnancy within _____ months of death)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) No

(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 Joseph Baer (M. D. or other)

Address 4700 Gravois Date signed 9/23/39

Dr. Joseph L. Beckler
64700 - Morris
Ri 4418

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.....

Licensed Embalmer No.....

P. O. Address.....

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, above space should be left blank.