

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4251

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:
7021 Nashville Ave.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether
 In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
 (c) City or town St. Louis. 417
(If outside city or town limits, write "RURAL")
 (d) Street No. 7021 Nashville Ave. 9
(If rural, give location)
 (e) Citizen of foreign country? 0 (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME John H. Schulze

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male () 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Nellie Schulze. 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased April 4, 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>75</u>	<u>1</u>	<u>15</u>	_____ hr. _____ min.

9. Birthplace St. Louis. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Postal Clerk.

11. Industry or business _____

FATHER { 12. Name William Schulze.
 13. Birthplace Germany. 4
(City, town, or county) (State or foreign country)
 MOTHER { 14. Maiden name Adeline Thurhost.
 15. Birthplace Holland. 4
(City, town, or county) (State or foreign country)

16. (a) Informant _____
 (b) Address 7021 Nashville Ave.

17. (a) Burial. (b) Date thereof 5-22-41.
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Arthur J. Donnelly
 (b) Address 3840 Lindell Blvd

19. (a) MAY 21 1941 (b) J. T. Brudick
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 19th.
 year 1941 hour 9:30 minute A M.

21. I hereby certify that I attended the deceased from Jan 19, 1941, to May 19, 1941
 that I last saw him alive on May 19, 1941
 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes - arteriosclerosis
acute myocarditis
 Due to _____

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

Major findings: 61
 Of operations _____
 Of autopsy _____

PHYSICIAN

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?
(Specify type of place)
 While at work? _____ (e) Means of injury _____
 23. Signature Wm. R. ... (M. D. or other) 0
 Address 1918 Park grand. Date signed _____