

1. PLACE OF DEATH

County of Richland

Township of

or

City of Columbia, S.C.Home Address St. Louis, Mo.

Standard Certificate of Death

STATE OF SOUTH CAROLINA

Bureau of Vital Statistics

State Board of Health

Registration District No. 38-a(No. Providence Hospital

File No.—For State Registrar Only

6805

Registered No. 410
(For use of Local Registrar)

Ward) (If death occurred in a Hospital or institution give its NAME instead of street and number.)

Residence—
In City..... Yrs..... Mos. 10 Days2. FULL NAME Joseph Charles Schultz

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. Single, Married, Widowed, or Divorced (write the word) Married5a. If married, widowed, or divorced, HUSBAND of (or) WIFE of Josephine Doyle Schultz

6. DATE OF BIRTH (Month, day, and year)

7. AGE Years 48 Months Days If less than 1 day, hrs. or min.8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Field Director9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Pittsburg Base-ball

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town): Pittsburgh
(State or Country) Penn.13. NAME Henry Schultz14. BIRTHPLACE (city or town): Germany
(State or Country)15. MAIDEN NAME Pauline Lobert16. BIRTHPLACE (city or town): Germany
(State or Country)17. INFORMANT Joe Schultz, Jr.
(Address) Wichita, Kan.18. BURIAL, CREMATION, OR REMOVAL
Place St. Louis, Mo. Date Apr. 14, 194119. UNDERTAKER Dunbar Funeral Home
(Address) Columbia, S.C.20. FILED Apr. 18, 1941 J. E. Boyer, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Apr. 13, 194122. I HEREBY CERTIFY, That I attended deceased from 4-12, 1941, to 4-13, 1941I last saw him alive on 4-13, 1941, death is saidto have occurred on the date started above, at 3:30 P m.

The principal cause of death and related causes of importance in order of onset were as follows:

acute Toxic Hepatitis 4-10-41 Date of onsetWas this death due to pregnancy or to childbirth? If so, 124-1-Istate which no

Contributory causes of importance not related to principal cause:

Hypertrophic Biliary CirrhosisName of operation none Date ofWhat test confirmed diagnosis? autopsy Was there an autopsy? yes

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19.....

Where did injury occur? (Specify city or town, and state)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation or deceased? no

If so, specify

(Signed) D. S. Pope M. D.(Address) 1417 Hampton St