DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 309000

Registration District No. 791 (Rec'd Oct 4 1939)

Primary Registration District No.

Registrar's No. 7963

1. PLACE OF DEATH: 1003
(a) County St Louis. 1
(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:
Barnes Hospital.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 1
(a) State Missouri. (b) County St Louis
(c) City or town Un. City, St Louis. NR
(If outside city or town limits, write "RURAL")
(d) Street No. 608 Kingsland Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Orville D. Shultz. 432

3. (b) If veteran, name war

3. (c) Social Security No. 490-01-6265.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Marie Shultz.

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased April (Month) 3 (Day) 1886. (Year)

8. AGE: Years 53 | Months 5 | Days 10 | If less than one day hr. min.

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

10. Usual occupation Maintainance Man 1

11. Industry or business

FATHER
12. Name William Shultz 1
13. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

MOTHER
14. Maiden name Josephine Landis
15. Birthplace Unknown (City, town, or county) Indiana (State or foreign country)

16. (a) Informant's own signature Mrs Marie Shultz
(b) Address 608 Kingsland

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 16th, 39 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Siegenheim Bros.
(b) Address 2663 Cherokee Street.

19. (a) SEP 15 1939 (Date received by local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 13.
year 1939 hour 9 minute 25 a M.

21. I hereby certify that I attended the deceased from 8-8, 1939 to 9-13, 1939; that I last saw him alive on 9-13, 1939; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Arteriosclerosis	
Bronchopneumonia - St Louis	1 wk.
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations Resection abd. tumor attached to lt. kidney
Of autopsy Recurrent malignant

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 F R Bradley (M. D. or other)
Address Barnes Hosp Date signed 9/13/39

(Licensed Embalmer's Statement on Reverse Side)

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.

WHITE PAPER FOR PERMANENT RECORD

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