

1. PLACE OF DEATH

MICHIGAN DEPARTMENT OF HEALTH

State Office No.

219987

County Wayne

Division of Vital Statistics

Township _____

CERTIFICATE OF DEATH

Village _____

City Detroit

Receiving Hospital

Register No. 479(No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)2. FULL NAME Anna Schulz(a) Residence No. 6136 Horatio St., Ward _____
(Usual place of abode) (If non-resident give city or town and state)
Length of residence in city or town where death occurred 36 yrs. mos. ds. How long in U. S., if of foreign birth? 36 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. Color or Race White 5. Single, Married, Widowed or Divorced (WRITE the word) Married5a. If married, widowed or divorced HUSBAND of Paul Schulz
(and WIFE of)6. DATE OF BIRTH (Month, day and year) July 12, 18877. AGE Years 59 Months 5 Days 18 IF LESS than 1 day _____ hrs. OR _____ min.8. Trade, profession, or particular kind of work done, as spinner, weaver, bookkeeper, etc. Housewife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

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

12. BIRTH PLACE (city or town) Danzig
(State or country) Germany13. NAME Antoni Wencosinski14. BIRTHPLACE (city or town) Germany
(State or country)15. MAIDEN NAME Josephine Munsch16. BIRTHPLACE (city or town) Germany
(State or country)17. INFORMANT Paul Schulz
(Address) 6136 Horatio18. BURIAL, CREMATION, OR REMOVAL Place Holy Cross Date Jan 12, 193719. UNDERTAKER J. A. Blatnik
(Address) 2612 E. 12th20. FILED JAN 11, 1937 Registrar _____21. DATE OF DEATH (month, day, and year) 1-9-37, 1922. I HEREBY CERTIFY, That I attended deceased from 12-31-36, 19____, to 1-9-37, 19____I last saw him alive on 1-9-37, 19____; death is said to have occurred on the date stated above, at 7:40 A.M.

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

Hypertensive Heart Disease
Cerebral Thrombosis

Other contributory causes of importance:

If operation, date of _____

Condition for which performed _____

Organ or part affected _____

Was there laboratory test? Yes Autopsy? No

In case of violence state if accident, homicide or suicide _____

Where did injury occur? _____
(Specify city, county or state)

In industry, home or public place? _____

Was disease or injury related to occupation of deceased? _____

Signed J. A. Blatnik M.D.Address Receiving Hospital