WRITE PLAINLY, WITH UNFADING INK---THIS IS 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.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

31676

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 9018

City St Louis (No. Little Sister of the Poor St. ..... Ward)

2. FULL NAME Frank Schulte

(a) Residence. No. 2209 Hebert St., 20 Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male

4. COLOR OR RACE White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband of

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 20 - 1855.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
72	7	19	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Cooper. 93C

(b) General nature of industry, business, or establishment in which employed (or employer) 82R

(c) Name of employer 99

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) St Louis.

PARENTS

10. NAME OF FATHER Theadore Schulte.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Franciskus Wolf. Oct 10, 1927

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) St Louis.

14. INFORMANT Sr Ignace de Loyola (Address) 2209 Hebert St

15. FILED OCT 10 1927 19 May C Starkloff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 9, 9450 m 1927

17. I HEREBY CERTIFY, That I attended deceased from Apr ....., 1925, to Oct ....., 1927 that I last saw him alive on Oct 1, 1927, and that death occurred, on the date stated above, at 9:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral Apoplexy

9013

..... (duration) ..... yrs. ..... mos. 1 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis Chronic Myocarditis ..... (duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) M. Geo. Gorin M.D.

(Address) 5249 Raymond

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary Cemetery

DATE OF BURIAL Oct 12 1927

20. UNDERTAKER Stroot & Carroll

ADDRESS 4 [illegible] Hall Bldg