

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

Do not use this space.

389.81
10410

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. **791**
Primary Registration District No. **1003**

File No.....
Registered No. **10818**
St. Ward)

2. FULL NAME

(a) Residence. No..... St., **15** Ward.....
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Widowed**

5a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Valentine Beck**

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **Nov 23, 1854**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. or ____ min.
73 0 8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work..... **At Home**
(b) General nature of industry, business, or establishment in which employed (or employer).....
(c) Name of employer.....

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

10. NAME OF FATHER **Louis Schulenberg**

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

12. MAIDEN NAME OF MOTHER **Muller**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Bonnay**
(STATE OR COUNTRY)

14. INFORMANT **Louis G. Beck**
(Address) **5505 Minnesota**

15. FILED **1927**
REGISTRAR **Max G. Starosoff**

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Dec 1st 1927**

17. I HEREBY CERTIFY, That I attended deceased from **Nov 1**, 19 **27**, to **Dec 1**, 19 **27** that I last saw him alive on **Dec 4**, 19 **27**, and that death occurred, on the date stated above, at **4 P** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
(duration) yrs. mos. **3** ds.

CONTRIBUTORY (SECONDARY) **Arteriosclerosis**
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? **Home**
IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? **No** DATE OF.....
WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Dr. Peters**
(Signed)..... M. D.

Dec 2, 19 **27** (Address) **601 Missouri Bldg**

*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 **McCreary** DATE OF BURIAL **Dec 4 1927**

20. UNDERTAKER **Oppenheimer & Co** ADDRESS **7814 So Blvd**

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.

RECORD WITH OBTAINING INFORMATION IS A PERMANENT RECORD

10-10