

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

Do not use this space.

2943

1. PLACE OF DEATH

County.....

Registration District No. 791

Township.....

Primary Registration District No. 1003

City St. Louis, Mo. (No. 5800)

Assent

File No.

Registered No. 8,329

St. 13 (Ward)

2. FULL NAME

(a) Residence. No. 5000 Assent St. 13

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

6a. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Bernard Schulte

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27 - 1845

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>82</u>		<u>6</u>	<u>18</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work None
 (b) General nature of industry, business, or establishment in which employed (or employer).....
 (c) Name of employer.....

9. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Germany

10. NAME OF FATHER Unknown

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

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Germany

14. INFORMANT Fred Schulte (son)
 (Address) 3401 Minnebach

15. FILED AN 16 1928 Max Starkoff
 REGISTER

MEDICAL CERTIFICATE OF DEATH

2. 16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 14 1928
 17. I HEREBY CERTIFY, That I attended deceased from Jan 10 1928, to Jan 17 1928 that I last saw her alive on Jan 13 1928, and that death occurred, on the date stated above, at 3:25 a.m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Myocarditis Chronic
1310
930 (duration) 4 yrs. mos. ds.
 CONTRIBUTORY Ch. Nephritis
 (SECONDARY) (duration) 4 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Unknown
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF.....

WAS THERE AN AUTOPSY? None

WHAT TEST CONFIRMED DIAGNOSIS? None
 (Signed) George Lewis Temple
 , 19 (Address) Isolation Hosp.

*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 St. John north DATE OF BURIAL Jan 16 1928

20. UNDERTAKER W. Leidner and Co ADDRESS 1417 N. Market St.

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.

