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

Do not use this space.

File No. 22109
Registered No. 6283

1. PLACE OF DEATH
County ..... Registration District No. 791
Township ..... Primary Registration District No. 1003
City St. Louis Mo. (No. 2119 N. 15 St. Rear St. Ward)

2. FULL NAME Charlotte Schulte
(a) Residence. No. 2119 N. 15 St. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 4 - 1849

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	79	-	8	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

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

PARENTS

10. NAME OF FATHER Gev. Roetting
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany
12. MAIDEN NAME OF MOTHER Don't know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Germany

14. INFORMANT Mr. Schulte
(Address) 2119 N. 15th St.

15. FILED JN 12 1928 Mary C. Starkloff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 12 1928

17. I HEREBY CERTIFY, That I attended deceased from June 7, 1928, to June 11, 1928, that I last saw h.. alive on June 11, 1928, and that death occurred, on the date stated above, at 3:25 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1. Myocarditis, Chr.
2. Arteriosclerosis, Chr. Interstitial Nephritis
3. (First) (duration) 10 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Tuberculosis of Peritoneum
(duration) 12 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 12-10
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Lab.
(Signed) T. A. Peeler, M. D.
6/12, 1928 (Address) 2303 N 15th

*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	DATE OF BURIAL
Calvary	June 14 1928
20. UNDERTAKER	ADDRESS 1417
Hy Leidner Und Co.	N. Market St

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.