

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

Do not use this space.

1. PLACE OF DEATH

County Ball
Township Clark
City St. Louis (No. 728)

Registration District No. 728
Primary Registration District No. 5961

File No. 24788
Registered No. 318
St. St. Louis Ward 1

2. FULL NAME

(a) Residence. No. Ernest John Schulten St. St. Louis Ward 1
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

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 Iida Schulten

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov. 3-1878

7. AGE YEARS 49 MONTHS 8 DAYS 7 IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
(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 Robert Schulten

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

12. MAIDEN NAME OF MOTHER Anna Schulten

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

14. INFORMANT Otto Schulten
(Address) Hannibal Mo.

15. FILED 7-14, 1928 Marine Short
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from July 11, 1928 to July 12, 1928
that I last saw him alive on July 11, 1928, and that death occurred, on the date stated above, at 6:48 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
12 P.M.

(duration) yrs. 26 hours
CONTRIBUTORY Chronic Interstitial nephritis
(SECONDARY)

(duration) not known

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

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical
(Signed) P.J. Reichmann M.D.

7-13, 1928 (Address) Oakwood Mo

*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 Riverside Cemetery DATE OF BURIAL July 14, 1928

20. UNDERTAKER Schwartz Funeral Home ADDRESS Hannibal Mo.

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.

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