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

Do not use this space.

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. 25404

Township ..... Primary Registration District No. 1002 Registered No. 7214

City St. Louis, (No. 3653 Neosho Street ..... St. ..... Ward)

2. FULL NAME George Schulte, Sr.,

(a) Residence. No. 3653 Neosho Street. St., 15 Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Schulte

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 3. 1849.

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
79	5	6	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Gardener- Retired

(b) General nature of industry, business, or establishment in which employed (or employer) 10 years.

(c) Name of employer

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

PARENTS

10. NAME OF FATHER Dont know

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

12. MAIDEN NAME OF MOTHER Dont know

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

14. INFORMANT Mary Schulte
(Address) 3653 Neosho Street.

15. FILED JUL 10 1928, 19 Max C Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH 3 7/9

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 9 1928

17. I HEREBY CERTIFY, That I attended deceased from July 8, 1928 to July 9, 1928 that I last saw him alive on July 9, 1928, and that death occurred, on the date stated above, at 8:30 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS: 8:30 PM

13"

9:30

Chronic Myocarditis

(duration) 2 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Chronic Diffuse Nephritis

Senility (duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1 2 9 0

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Oscar K. Engelmann, M.D.

, 19 (Address) 3155 S. Grand

*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
SSPeter&Paul Cemetery	July 12. 28.

20. UNDERTAKER	ADDRESS
J H Gibbons L. Aw N. Co	2842 Meramec

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.

THIS IS A PERMANENT RECORD

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