

**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. 7911
Township..... Primary Registration District No. 1003
City M. Linn (No. 4122) Concordia

File No. 29084
Registered No. 8592
St. _____ Ward _____

2. FULL NAME

Anton Schultes
(a) Residence. No. 4122 Concordia St., 15 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Sophie Eberhard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 13/1847

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 | 2 | 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired
(b) General nature of industry, business, or establishment in which employed (or employer) Leather Salesman
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Austria

10. NAME OF FATHER

Frank J. Schultes

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Austria

12. MAIDEN NAME OF MOTHER

Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Austria

14.

INFORMANT William G. Schultes
(Address) 4122 Concordia Ave.

15.

FILED..... 19. May 10 1928 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 22 1928

17. I HEREBY CERTIFY That I attended deceased from June 15, 1927, to Aug. 22, 1928
that I last saw him alive on Aug. 22, 1928, and that death occurred, on the date stated above, at 11 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Arterio Sclerosis
99

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

19. Did an OPERATION PRECEDE DEATH? no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Adam G. Youngman, M.D.
Dr., 1928 (Address) 5434 Kansas

*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

New Pickers Cem. DATE OF BURIAL 8-25 1928

20. UNDERTAKER

Witt Bros & Co. 2929 1/2 Jefferson ADDRESS

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.

WHITE PRINTING, WITH UNFADING INK—THIS IS A PERMANENT RECORD

