

**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**
 Township..... Primary Registration District No. **0003**
 City St. Louis (No. 5732 Eggl Cr.)

File No. **43311**
 Registered No. **12619**
 St. _____ Ward _____

2. FULL NAME

(a) Residence. No. 5732 Eggl St., 5 Ward.
 (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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widow

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 29 1839

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
89 1 24

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work at home
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

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

PARENTS

10. NAME OF FATHER Hy Schulte

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Ca Whitcraft
 (Address) 5732 Eggl Cr.

15. FILED DEC 26 1928 May C. Stearns
 REGISTER

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 23rd 1928

17. I HEREBY CERTIFY, That I attended deceased from Dec 10th 1928, to Dec 23rd 1928, that I last saw h.F.R. alive on Dec 23 1928, and that death occurred, on the date stated above, at 6 P.M.

THE CAUSE OF DEATH WAS AS FOLLOWS:

131
936 Terminal Broncho. Pneumonia
1899
1290 (duration) yrs. mos. 2 da.

CONTRIBUTORY (SECONDARY) Chronic myo. carditis
Chronic interstitial nephritis, 19 yrs. mos. da.
bronchial asthma, non tubercular

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH. no DATE OF.....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Usual - laboratory findings

(Signed) Sawney W. Mansour, M. D.

, 19 (Address) 634 North Grand Boulevard

*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
Ellisville Mrs. (Mother) 12/26 1928

20. UNDERTAKER ADDRESS
Thos. H. Lindewieden St. Louis

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.

