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

Do not use this space.

12177

1. PLACE OF DEATH
County St. Louis — Registration District No. 796 — File No.
Township Central — Primary Registration District No. 6033 — Registered No.
City ~~Maryland Heights~~ St. Ward)

2. FULL NAME William Schulte
(a) Residence. No. 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: 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~~ Charlotte Schulte

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 11 - 1844

7. AGE: YEARS 85 — MONTHS 2 — DAYS — 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) St Louis Co.
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Hy Schulte
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Germany
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

14. INFORMANT Charlotte Schulte
(Address) Anglum Mo R#38

15. FILED Mar 19 1929 Katharine W. Sullivan
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 11th 1929

17. I HEREBY CERTIFY, That I attended deceased from Mar. 11th, 1929, to Mar. 11th, 1929, that I last saw him alive on Mar. 11th, 1929, and that death occurred, on the date stated above, at 11:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
(Uraemic Convulsions)
(duration) yrs. 15 mos. ds.
CONTRIBUTORY (SECONDARY) Arterio-sclerosis
(duration) yrs. 15 mos. ds.

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?
(Signed) H. T. Coleman, M. D
3.12, 1929 (Address) Pattonville 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: Zions Luth Cem — DATE OF BURIAL: 3-14-1929

20. UNDERTAKER: Bauman Bros — ADDRESS: Overland 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.