

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

Do not use this space.

28865

**1. PLACE OF DEATH**

County St. Louis Registration District No. \_\_\_\_\_ File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registered No. 222  
 City Richmond Heights (No. \_\_\_\_\_) New St. Mary Hospital St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence. No. 3930 Evans Ave St. \_\_\_\_\_ Ward \_\_\_\_\_ St. Louis Mo.  
 (Usual place of abode) 512 ans mo (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 Female 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 Emil H. Schulte

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 8 1904

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>25</u>	<u>6</u>	<u>20</u>	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work. Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer). At Home  
 (c) Name of employer. New York

9. BIRTHPLACE (CITY OR TOWN) New York  
 (STATE OR COUNTRY)

10. NAME OF FATHER William Frey

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

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Emil H. Schulte  
 (Address) 3930 Evans Ave

15. FILED 8/29 19 29 L. L. Jensen REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 28 19 29

17. I HEREBY CERTIFY, That I attended deceased from 8-2-29 19 \_\_\_\_\_ to 8-28-29 19 \_\_\_\_\_  
 that I last saw her alive on 8-28-29 19 \_\_\_\_\_ and that death occurred, on the date stated above, at 7:30 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Intestinal Embolism

CONTRIBUTORY (SECONDARY) Arteriosclerosis  
 (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

(duration) 2 yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

**18. WHERE WAS DISEASE CONTRACTED**

NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? \_\_\_\_\_

(Signed) Albert H. Jenk M. D.

8-24 19 29 (Address) 3300 N. Center Ave

\*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 Mt Lebanon Cem. DATE OF BURIAL Aug 31 19 29

20. UNDERTAKER W. L. Robert ADDRESS 1905 S Grand

Bird

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

21. 12. 1910