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.

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 / 1009 File No. 11729

Township ..... Primary Registration District No. ..... Registered No. 2959

City St Louis (No. 1478a Hamilton Ave St. ..... Ward)

2. FULL NAME August M Schulenberg

(a) Residence. No. 1478a Hamilton Ave 6 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 Anna Schulenberg.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 13, 1871

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	59	6	21	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Motorman retired
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Carsonville
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Unkown
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Unkown
12. MAIDEN NAME OF MOTHER Unkown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unkown
(STATE OR COUNTRY)

14. INFORMANT Mrs. Anna Schulenberg
(Address) 1478a Hamilton Ave.

15. FILED MAR -7, 1931 Max C Starkloff REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 6 1931

17. I HEREBY CERTIFY, That I attended deceased from 2-22, 1931, to 3-6-31, 19..., that I last saw him alive on 3-6-31, 19..., and that death occurred, on the date stated above, at 12.45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Myocarditis
59
151A
93A
Mellitus (duration) ..... yrs. ..... mos. 3 ds.
CONTRIBUTORY (SECONDARY) Diabetes (Chronic), Carbuncle on Neck (duration) ..... yrs. 3 weeks 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? —
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) M D Voxburgh, M. D.
, 19 (Address) 912 Carlton Bldg

*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
Laurel Hill Cemetery	3-9 1931
20. UNDERTAKER	**ADDRESS**
Geo. L. Pleitsch	5966 Easton ave

[illegible]