

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

Do not use this space.

32396

1. PLACE OF DEATH

County St Louis Registration District No. 790
Township Central Primary Registration District No. 6033
City Clayton (No. St Louis Co. Hosp.)

File No.
Registered No. St. Ward)

2. FULL NAME

Aloysius Schulte
(a) Residence, No. 1525 Lansdowne 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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Schulte</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 5 1982</u>		
7. AGE	YEARS <u>49</u>	MONTHS <u>5</u>
	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>millwright</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Blain Mill</u>	
	10. Date deceased last worked at this occupation (month and year) <u>June 1930</u>	11. Total time (years) spent in this occupation <u>20</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Mo</u>		
FATHER	13. NAME <u>Clement Schulte</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Rosa Simon</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>St Louis Mo</u>	
	17. INFORMANT (ADDRESS) <u>Mrs Elizabeth Schulte</u>	
18. BURIAL, CREMATION, OR REMOVAL <u>St Peter & Paul</u> DATE <u>Sept 30 1931</u>		
19. UNDERTAKER (ADDRESS) <u>Proctor & Co</u>		
20. FILED <u>Sept 28 1931</u> <u>R.W. Sullivan</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-27, 1931

22. I HEREBY CERTIFY, That I attended deceased from 8-28, 1931, to 9-27, 1931
I last saw him alive on 9-27, 1931 Death is said to have occurred on the date stated above, at 7:50 A m.
The principal cause of death and related causes of importance were as follows:
Cardiac failure
myocarditis
730
8:15
11:15
9:30
Other contributory causes of importance:
Pleural effusion
Cerebral embolus

Name of operation None Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19.....
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) B. J. Harris M. D.
(Address) St Louis Co Hospital

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.

OCT 26 1931

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

