

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

Do not use this space.

10345

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City *St. Louis, Mo.* No. *2843 Chippewa St.*

File No.....
Registered No. *2367*
St. Ward.....

2. FULL NAME *Charles Schultes*

(a) Residence, No. *2843 Chippewa St.* St. *24* 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Oct. 12 - 1861*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 4 28

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Brass Worker*
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Schultes Brass Co*
10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *St. Louis Mo. 1*

13. NAME *Andrew Schultes*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany 100*

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Germany*

17. INFORMANT (ADDRESS) *Katherine Schultes 2843 Chippewa St.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Old St. Marys* DATE *March 14th 1932*

19. UNDERTAKER (ADDRESS) *Freyenberg Bros. 2823 Chippewa St.*

20. FILED *MAR 12 1932* *Max C. Starn* Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 10th 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Feb. 25*, 1932, to *March 9*, 1932
I last saw him alive on *March 9*, 1932 Death is said to have occurred on the date stated above, at *7:15 P.M.*
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis
Arteriosclerosis
Date of onset *box known*

Name of operation..... Date of.....
What test confirmed diagnosis..... Was there an autopsy?.....

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) *Ray Schultes* M. D.
(Address) *2800 Chippewa St.*

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.

