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.

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

Do not use this space.

30542

File No.

Registered No. 8203

1. PLACE OF DEATH

County ..... Registration District No. .....

Township ..... Primary Registration District No. .....

City ..... (No. City Hospital ..... St. ..... Ward)

2. FULL NAME Alphonse H. Schulte

(a) Residence, No. 1027 Rutger St., 22 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-17-1912

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	20	7	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Soda dispenser

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 248

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

FATHER

13. NAME John H. Schulte

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

MOTHER

15. MAIDEN NAME Mabel Eckmann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Tenn

17. INFORMANT (ADDRESS) John H. Schulte 1027 Rutger SW

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary DATE 9-14 1932

19. UNDERTAKER (ADDRESS) H. A. Stock and Co 2447 E. Grand

20. FILED SEP 12 1932 19 Wm C. Konderot Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 11 1932

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..... to ..... 19.....

I last saw him alive on ..... 19..... Death is said to have occurred on the date stated above, at 1:30 a.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Shock. Injuries. Concussion of brain. Crushed chest. Received when thrown from auto driven by deceased in collision with motor bus about 12 noon 9/11 in City	201
criminal carelessness on part of deceased.	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury 9/11, 1932

Where did injury occur? ..... (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. public place

Manner of injury Thrown from auto

Nature of injury Concussion of brain

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) J. W. Keener M. D.

(Address) Dep. Coroner

9/12/32