

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

Do not use this space.

36848

1. PLACE OF DEATH

County St Charles
Township Dardenne
City St Peters (No.)

Registration District No. 760
Primary Registration District No. 6001

File No.
Registered No. 47
St. Ward)

2. FULL NAME

Catharine Schulte
(a) Residence, No. St., Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF widowed Mark Schulte

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 24 - 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
88 7 7

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) St Peters Mo
(STATE OR COUNTRY) Mo

10. NAME OF FATHER John Messier

11. BIRTHPLACE OF FATHER (CITY OR TOWN) France
(STATE OR COUNTRY) 9

12. MAIDEN NAME OF MOTHER Josephine Frang

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) 9
(STATE OR COUNTRY) 9

14. INFORMANT Mark Schulte
(Address)

15. FILED 11/7 1932 H. Caldwell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7 Oct 1932

17. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1932 to 11/7/32, 1932 that I last saw him alive on 7/23/32, 1932 and that death occurred, on the date stated above, at

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Arterio Sclerosis
911 (duration) several yrs. mos. ds.
CONTRIBUTORY (SECONDARY) hypertension (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED D
IF NOT AT PLACE OF DEATH.....

8 DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. P. Rhoads M. D.

11-7, 1932 (Address) St. Peters, Mo.

*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 All Saints Cem DATE OF BURIAL Nov 8 1932

20. UNDERTAKER Henry W. Ahlhaus ADDRESS St Peters Mo.

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.

