OCT 21 1936

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

Do not use this space.

File No. 35511

Registered No. 364

1. PLACE OF DEATH
County St. Louis, Registration District No. 790
Township ~~Clayton~~, Creston Primary Registration District No. 6033
City (No. Manchester & Ballas St. Ward)

2. FULL NAME J. Emma Schulte,
(a) Residence, No. Kirkwood, Mo. RR #13 St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. 7 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 Albert Schulte,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1874.

7. AGE Years 62 Months 6 Days 29 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own home,
10. Date deceased last worked at this occupation (month and year) August 15, 1936.
11. Total time (years) spent in this occupation 40

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

FATHER
13. NAME Casper Ellebrecht,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany,

MOTHER
15. MAIDEN NAME Amelia Cutter,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

17. INFORMANT (ADDRESS) Albert Schulte Kirkwood, Mo. RR #13.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Des Peres, Mo. DATE Sept. 23, 1936

19. UNDERTAKER (ADDRESS) Schrader Funeral Home Ballwin, Mo.

20. FILED 9/19 1936 Dr. A. J. Liguorelli Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 4th, 1936, to Sept 21, 1936
I last saw her alive on Sept 20, 1936. Death is said to have occurred on the date stated above, at 2:45a. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	Sept 20 36
Other contributory causes of importance:	
Arterio Sclerosis	1935
Hypertension	

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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) Frank Sandfos, M. D.
(Address) Ballwin Mo

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

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2