

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.

NOV 4 1936

39587

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **St. Louis** (No. **2843** Chippewa Street)

File No.....
 Registered No. **10630**
 St. Ward)

2. FULL NAME Katherine E. 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 Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED** (write the word) **Widow**
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Chas. Schultes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 5th. 1859

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
	77	8	16	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. at home
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.

13. NAME Joseph Eyremann

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

15. MAIDEN NAME Not known

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

17. INFORMANT (ADDRESS) Gus. Eyremann 4172 Russell Blvd.

18. BURIAL, CREMATION, OR REMOVAL PLACE Old St. Marcus **DATE** Oct. 24th.

19. UNDERTAKER (ADDRESS) William Schumacher 3013 Meramec Street

20. FILED OCT 23 1936 J. J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Oct 1, 1936 to Oct 21, 1936
 I last saw her alive on Oct 21, 1936 Death is said to have occurred on the date stated above, at 12/05pm

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

Apoplexy due to cerebral thrombosis Oct. 1/36
 82 yrs
 Other contributory causes of importance: Cerebral arteriosclerosis Jan. 1/36

Name of operation 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) J. J. Bredeck M. D.
 (Address) 2924 S. Grand St.

2924 So. Grand.

7-2-67