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.

JUL 31 1937

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

Do not use this space.

1. PLACE OF DEATH
County St. Louis — Registration District No. 1123 — File No. 24923
Township Carondelet — Primary Registration District No. 6248 C — Registered No. 244
City ..... (No. 602 Wachtel ave. ..... St. ..... Ward)

2. FULL NAME Margaret Schulte
(a) Residence, No. 328 E. Davis st. ..... St., ... Ward. ..... (If nonresident, give city or town and State)
(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.

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: Benn
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 29, 1885
7. AGE: 85 — YEARS: 51 — MONTHS: 9 — DAYS: 7 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ..... at Home
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. .....
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): Pilot Knob Mo.

FATHER
13. NAME: Larry Keenan
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): St. Louis Missouri.

MOTHER
15. MAIDEN NAME: Lena Breitenstein
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Ben Schulte 328 E. Davis st.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt. Hope Cem. DATE June 8 1937
19. UNDERTAKER (ADDRESS): C. Hoffmeister U.&L.Co. 7814 S. Broadway
20. FILED June 8 1937 G. Mowry Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5, 1937
22. I HEREBY CERTIFY, That I attended deceased from 6/12 —, 1936, to ~~to~~ 6/5 —, 1937
I last saw her alive on 6/5 —, 1937. Death is said to have occurred on the date stated above, at 5.45 P.M.
The principal cause of death and related causes of importance were as follows:
Cerebral Haem L. side — Date of onset
Other contributory causes of importance: Essential Hypertension About 1925
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) C. R. Hawker, M. D.
(Address) 7219 Michigan

Across of Michigan Theatre