

AUG 30 1937

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

Do not use this space.

28358

1. PLACE OF DEATH

County St. Louis
Township Glutton
City Clayton

Registration District No. 790
Primary Registration District No. 60332
(No. St. Louis County Hospital St. _____ Ward)

File No. _____
Registered No. 254

2. FULL NAME Wm. Schulte

(a) Residence, No. 328 Horn Ave., LeRay, Missouri Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 36 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 <u>Male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>WIDOWER</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 6, 1865</u>				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>72</u>	<u>72</u>	<u>3</u>	<u>16</u>	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>nil</u>			
	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) <u>Germany</u>				
FATHER	13. NAME <u>Herman Schulte</u>			
	14. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Germany</u>			
	15. MAIDEN NAME <u>Antoinette Rester</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) <u>Germany</u>			
	17. INFORMANT <u>son (Theo. Schulte)</u> (ADDRESS)			
18. BURIAL, CREMATION, OR REMOVAL				
PLACE <u>Clayton</u> DATE <u>July 26, 1937</u>				
19. UNDERTAKER <u>Fieder G.</u> (ADDRESS) <u>7128 Michigan</u>				
20. FILED <u>7/24</u> 19 <u>37</u> <u>Dr. J. Signorelli</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>7-22-37</u> 19
22. I HEREBY CERTIFY That I attended deceased from <u>6-2-37</u> 19, to <u>7-22-37</u> 19.
I last saw <u>Wm</u> alive on <u>July 22</u> 19 <u>37</u> Death is said to have occurred on the date stated above, at <u>4:40 P.M.</u>
The principal cause of death and related causes of importance were as follows: <u>Cancer of Head of Pancreas</u>
Date of onset _____
Other contributory causes of importance: <u>46</u> <u>General Arteriosclerosis</u>
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? If so, specify _____ (Signed) <u>Al H. Hanes</u> M. D. (Address) <u>St. Louis County Hospital</u>

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.

