

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

756
Do not use this space.

791
1003

FEB 12 1938

1. PLACE OF DEATH

(a) County Registration District No.
(b) Township Primary Registration District No. Registered No. **612**
(c) City St. Louis (d) Street No. 6036 A Marmaduke Ave. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Louisa Schulte U 80

(a) Residence, No. 6036 A Marmaduke Ave. St. **3** (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Charles Schulte
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 19, 1875
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 4 29

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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) Philadelphia Pennsylvania

FATHER
13. NAME Julius Blumer

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

MOTHER
15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Mrs. Adelaide Tureczek
6036 A Marmaduke Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mo. Crematory DATE 1-19, 1938

19. FUNERAL DIRECTOR (ADDRESS) Kriegshauser Mortuaries
4228 So. Kingshighway

20. FILED JAN 18 1938 J. Bredeck
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-17, 1938
22. I HEREBY CERTIFY, That I attended deceased from Feb 10, 1936, to Jan 17, 1938.
I last saw her alive on Jan 15, 1938. Death is said to have occurred on the date stated above, at 2:05 A.M.
The principal cause of death and related causes of importance were as follows:

Cerebral apoplexy
Arterial Hypertension, Chr.
Nephritis, Arterio Sclerosis
Date of onset 1-12-38
Other contributory causes of importance: 2-10-36

Name of operation Date of operation
What test confirmed diagnosis? Clinical & Laboratory

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) J. H. Cleveland M. D.
(Address) 530 Southwood Ave

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No.....or by....., Registered Apprentice No.....
working under my personal supervision.

Signed *Edmund M. Dermott*
Licensed Embalmer No. *3024*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)