

REC'D MAR 14 1938

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

5224

Do not use this space.

## 1. PLACE OF DEATH

(a) County..... Registration District No. **791**  
 (b) Township..... Primary Registration District No. **1003**  
 (c) City **St Louis** (d) Street No. **St Johns Hospital** Registered No. **1869**  
 (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 **Christopher W Schulte 430**

(a) Residence, No. **8916 Windom St.** St. **WR**  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Male** 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 **Theresa Pflugbeil**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 8th 1888**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**49 7 12**

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Supt**  
 9. Industry or business in which work was done, as saw mill, bank, etc. **City I & F Co**  
 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 Missouri**13. NAME **Joseph Schulte**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **St Louis Missouri**15. MAIDEN NAME **Caroline Laibe**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**17. INFORMANT (ADDRESS) **Mrs Theresa Schulte 8916 Windom St**18. BURIAL, CREMATION, OR REMOVAL PLACE **Calvary** DATE **Feb 23** 19**38**19. FUNERAL DIRECTOR (ADDRESS) **Stroot - Carroll 4600 Natural Bridge**20. FILED **FEB 23 1938**

*J. B. Bredebeck*  
 Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 20th 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Jan 10th**, 19**38**, to **Feb 20th**, 19**38**  
 I last saw him alive on **Feb 19th**, 19**38** Death is said to have occurred on the date stated above, at **11a** m.

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

Date of onset  
**Carcinoma of the liver**  
**Chronic myocarditis**

Other contributory causes of importance:

Name of operation **Aspiratory Lap.** Date of **2/15/38**  
 What test confirmed diagnosis? **Lab.** 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 **Arnold H. Weiszer**, M. D.  
 (Signed) **8900 St. Johns Rd.**  
 (Address)

6987

6987

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

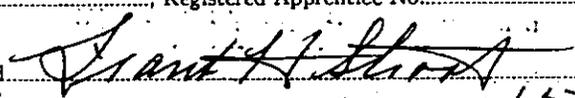
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_

\_\_\_\_\_ L. E. \_\_\_\_\_

No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed \_\_\_\_\_



\_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_

22657

**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.)**