

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

30797
 Do not use this space.

1. PLACE OF DEATH St. Louis 12 1938 / 791
 (a) County / Registration District No.
 (b) Township / Primary Registration District No. 1003 Registered No. 8234
 (c) City St. Louis, (d) Street No. St. Anthony Hospital, 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 Mathilda Schultheis, 430
 (a) Residence, No. 5901 Lotus Ave., St. 6 (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) Married.

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Fred C. Schultheis.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 29, 1873.

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	65	5	21	

OCCUPATION
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as 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. Charles Missouri.

FATHER
 13. NAME Charles Nagel.
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany.

MOTHER
 15. MAIDEN NAME Dont know.
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know.

17. INFORMANT (ADDRESS) Mr. Fred C. Schultheis. 5901 Lotus Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Johns Cem. DATE Sept. 21, 1938
St. Charles Mo.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Geo. L. Plaitsch I. 5966 Easton Ave

20. FILED J. F. Biedisch Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) September 19, 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept. 14th 1938 to Sept. 19th 1938
 I last saw her alive on Sept. 19th 1938. Death is said to have occurred on the date stated above, at 2:30 a. m.
 The principal cause of death and related causes of importance were as follows:
Apoplexy
Paralysis agitans
 Date of onset 9/14/38

Other contributory causes of importance: 1928

Name of operation..... Date of.....
 What test confirmed diagnosis? Physic Was there an autopsy? Yes

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? Yes
 If so, specify.....
 (Signed) Wm. H. Brown M. D.
 (Address) 3548 W. Grand

SEP 19 1938

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.

Dr. Wm. C. Wainwright
3548 So Grand.
2 to 3.30 P.M.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____

David C Gibson

or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

David C Gibson

Licensed Embalmer No. _____

3454

P. O. Address _____

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.)

If this body is not embalmed, above space should be left blank.