DEC 17 1938

JAN 6 1939

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

44421
Do not use this space.

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.

1. PLACE OF DEATH

(a) County St Louis Co 1 — Registration District No. 784

(b) Township or City Clayton — Primary Registration District No. 101 — Registered No. 2060

(c) City Clayton 1 — (d) Street No. St Louis Co 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 Charles J. Schulte Jr

(a) Residence, No. 4245 Randel Place St.
(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 23 D 1914

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
24 -----	1 --	22 --	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Machine Hand

9. Industry or business in which work was done, as saw mill, bank, etc. Robert Gayler 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

FATHER

13. NAME Charles Schulte

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

MOTHER

15. MAIDEN NAME Lulu Behr

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis

17. INFORMANT Charles Schulte
(ADDRESS) 4245 Randel Place

18. BURIAL, CREMATION, OR REMOVAL Cem.
PLACE New Bethlehem DATE Dec. 19 Th 38

19. FUNERAL DIRECTOR (NAME) Edward Kurl
(ADDRESS) 3516 Ka Ka

20. FILED DEC 17 1938 J. C. Meyer M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 16, 1938

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7.25AM

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

	Date of onset
Automobile collision. While driving an automobile on automobile on a public highway which collided with another automobile.	12/9/38

Other contributory causes of importance:

Fracture of the skull	12/9/38

Name of operation ..... Date of .....

What test confirmed diagnosis? physical signs Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date 12/9/38, 19.....

Where did injury occur? Overland (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. Public place

Manner of injury auto collision

Nature of injury Fracture of the skull

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify .....

(Signed) John O'Connell, M. D.

(Address) Coroner of St. Louis County, Mo

(Licensed Embalmer's Statement on Reverse Side)

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, or by.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 1591

P. O. Address 4106 Bolanco

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

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