

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39387
Do not use this space.

RECEIVED DEC 13 1939

1. PLACE OF DEATH *Ball.*
 (a) County *Jefferson* Registration District No. *213*
 (b) Township *Jefferson* Primary Registration District No. *3014* Registered No. *271*
 (c) City *Jefferson* (d) Street No. *St. Marys 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 *4 yrs. 2 mos. 15 ds.* (f) How long in U. S., if of foreign birth? yrs. mos. ds.
 2. PRINT FULL NAME *Alice Marrie Schulte*
 (a) Residence, No. *Marries Home, Mo* St. (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) *Child*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Child*
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept. 10, 1935*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
4 2 15
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *Child*
 9. Industry or business in which work was done, as 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) *Missouri*
 FATHER 13. NAME *Richard Schulte*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*
 MOTHER 15. MAIDEN NAME *Kate Kempler*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*
 17. INFORMANT (ADDRESS) *Richard Schulte, Marries Home Mo.*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Mary Home* DATE *11/26, 1939*
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) *Turner Service, Jefferson City*
 20. FILED *11/27/1939* *Legal Registrar*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Nov. 25, 1939*
 22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.
 I last saw her alive on _____, 19____. Death is said to have occurred on the date stated above, at *11 P.* m.
 The principal cause of death and related causes of importance were as follows:
Spinal meningitis
 Other contributory causes of importance:
Frosted skull kicked by motor
Bronchopneumonia
 Name of operation _____ Date of _____
 What test confirmed diagnosis: *Spinal fluid* 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?
 If so, specify _____
 (Signed) *M. R. Aldridge* M.D.
 (Address) *Jefferson City, Mo.*

Date of onset
1939
11/26

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

D.M. Davis

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

working under my personal supervision.

Signed.....

D.M. Davis

Licensed Embalmer No.....

3741

P. O. Address.....

Jefferson city

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.