E16628 FILED APR 15 1940

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 8846

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2329

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: City Hospital, #1 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 Days (Specify whether years, months or days)

In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri. (b) County

(c) City or town St. Louis. (If outside city or town limits, write "RURAL") 20

(d) Street No. 1517N. 23rd. St. (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Schulte

3. (b) If veteran, name war No.

3. (c) Social Security No. Unknown.

4. Sex Male.

5. Color or race White.

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Unknown.

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Feb. 11 1888. (Month) (Day) (Year)

8. AGE: Years ~~55~~ 52 Months 0 Days 27 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri (State or foreign country)

10. Usual occupation Butcher supply salesman.

11. Industry or business

FATHER 12. Name Herman Schulte.

13. Birthplace Germany. (City, town, or county) (State or foreign country)

MOTHER 14. Maiden name Louise Geyer.

15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant's own signature Mrs S. A. Young.

(b) Address 1517N. 23rd. St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-11-40. (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cem.

18. (a) Signature of funeral director Hy. Leidner and Co.

(b) Address 1417N. Market St.

19. (a) MAR 9 1940 (Date received local registrar) (b) J. H. Burdick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 8, year 1940 hour 9:24 minute A. M.

21. I hereby certify that I attended the deceased from March 5, 1940, to March 8, 1940, that I last saw him alive on March 8, 1940, and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
abscess of lung, cause unknown	2 wks
Due to	
Due to	
abscess of brain	2 wks
Other conditions Septicemia	2 wks
(Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

Followed abscess of lung

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury

23. Signature Walter Ford (M. D. or other)

Address 1515 Lafayette, Date signed 3/8/40

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Rev. 5-17-39 Form 1 X19511

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 Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis Av

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.