

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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9225
Registrar's No. 2708

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
2027 E. Warne Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether
In this community 70 years, months or days)

3. (a) PRINT FULL NAME Joseph G. Schulte
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Marr ied
6. (b) Name of husband or wife Theresa Schulte 6. (c) Age of husband or wife if alive 72 years
7. Birth date of deceased Feb. 7, 1863
(Month) (Day) (Year)

8. AGE: Years 77 Months 1 Days 15 If less than one day hr. _____ min. _____

9. Birthplace Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Retired Railroad Laborer

11. Industry or business _____
12. Name Joseph Schulte
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Theresa Schulte
(b) Address 2027 E. Warne Ave.
17. (a) Removal (b) Date thereof 3/26/40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Aviston, Ill.
18. (a) Signature of funeral director W. A. Black
(b) Address 2117 E. Grand Blvd.
19. (a) MAR 23 1940 (b) J. P. Black
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL") 9
(d) Street No. 2027 E. Warne Ave.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 22
year 1940 hour 7 minute A. M.
21. I hereby certify that I attended the deceased from March 18
1940 to March 22, 1940
that I last saw ~~her~~ alive on March 22, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
Due to arteriosclerosis
Due to senility
Other conditions (include pregnancy within 3 months of death) _____
Major findings: _____
Of operations _____
Of autopsy _____

Duration _____
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?
While at work? _____ (Specify type of place) (e) Means of injury _____
23. Signature J. P. Black (M. D. or other) _____
Address 4005 W. E. Blackman Date signed 3-27-40

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.....
Frank A. Moore

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Grand*

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..