DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 15 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 13317

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 3519

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: BARNES HOSPITAL (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4-2-40 to 4-17-40 (Specify whether

In this community years, months or days)

3. (a) PRINT FULL NAME Mr. Leo John Schulte 430

3. (b) If veteran, name war

3. (c) Social Security No. 333-03-5301

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb (Month) 10 (Day) 1884 (Year)

8. AGE: Years 56 Months 2 Days 7 If less than one day hr. min.

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

10. Usual occupation Chauffeur

11. Industry or business Granite City Steel, Co.

FATHER
12. Name Henry Schulte
13. Birthplace unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Katherine Gerbesmann
15. Birthplace unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Elizabeth Watts

(b) Address 3514 Marshall

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4 - 19 - 40 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Barnes Brothers

(b) Address 7504 Woodson Rd Overland Mo.

19. (a) APR 18 1940 (Date received local registrar) (b) J. F. Bradley (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town St Johns Station NR (If outside city or town limits, write "RURAL")

(d) Street No. 3514 Marshall (If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 17th year 1940 hour 5 minute 40 A.M.

21. I hereby certify that I attended the deceased from 4 - 2, 1940 to 4 - 17, 1940 that I last saw him alive on 4 - 17, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pneumonia bronchial - organism not determined (Post operative	3 days
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

54d

Major findings:
Of operations Cerebellar craniotomy 4-15, no tumor found.
Of autopsy Tumor of midbrain Non malig

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 F R Bradley (M.D. or other)

Address BARNES HOSPITAL Date signed

(Licensed Embalmer's Statement on Reverse Side)

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should be 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.....

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

working under my personal supervision.

Signed Oscar F. Mueller

Licensed Embalmer No. 3039

P. O. Address Overland Mobile

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

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