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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 26839

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 6735

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

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: 6140 Louisiana 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days) 1130

2. USUAL RESIDENCE OF DECEASED:

(a) State O Mo (b) County

(c) City or town St. Louis 1
(If outside city or town limits, write "RURAL")

(d) Street No. 6140 Louisiana
(If rural, give location)

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

3. (a) PRINT FULL NAME Regina M. Schulte

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female

5. Color or race Wh

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

6. (b) Name of husband or wife Albert H. Schulte

6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased 9-4-1888 (Month) (Day) (Year)

8. AGE: Years 51 Months 11 Days 3 If less than one day hr. min.

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

10. Usual occupation housework

11. Industry or business at home

FATHER
12. Name Martin Ludwig
13. Birthplace (City, town, or county) Switzerland (State or foreign country)

MOTHER
14. Maiden name Lillie Schmidt
15. Birthplace (City, town, or county) Massachusetts (State or foreign country)

16. (a) Informant A. H. Schulte
(b) Address 6140 Louisiana

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 8-10-40 (Month) (Day) (Year)
(c) Place: burial or cremation Mo. Cremation

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S. Grand

19. (a) AUG 8 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 7, year 1940 hour minute 4:15 P M.

21. I hereby certify that I attended the deceased from August, 1938, to Aug 6, 1940 that I last saw her alive on Aug 6, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of rectum — Duration 3 yrs

Due to —

Due to —

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Colostomy Sept - 1938

Of autopsy no

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 1

23. Signature Joseph L. Ferris (M. D. or other)

Address 4065 So Grand Date signed 8/8/40

(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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo.

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.