

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

39618

1. PLACE OF DEATH

County St. Charles Registration District No. 757
Township St. Charles Registration District No. 5998
City near St. Peters (No. _____)

File No. _____
Registered No. 202 St. _____ Ward _____

2. FULL NAME Mary Anna Schulte

(a) Residence, No. St. Peters, Mo. St. Rural (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 24, 1940

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Marcus Schulte

I HEREBY CERTIFY, That I attended deceased from Nov 10 1940 to Nov 24 1940
I last saw her alive on Nov 24 1940 Death is said to have occurred on the date stated above, at 6 P. m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Febr. 16, 1871

The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 9 8

Date of onset 21-10-40

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance: Hypertension

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Peters, Mo.

Central Nervous System

FATHER 13. NAME Ignatius Auchly

82 W

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Peters, Mo.

10 yrs.

MOTHER 15. MAIDEN NAME Katherine Braun

Name of operation _____ Date of _____

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Peters, Mo.

What test confirmed diagnosis? _____ Was there an autopsy? _____

17. INFORMANT (ADDRESS) Marcus Schulte
St. Peters, Mo.

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19 _____

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters, Mo. DATE 11-27-40

Where did injury occur? _____ (Specify city or town, county, and State)

19. UNDERTAKER (ADDRESS) Geo. Stiefvater
St. Peters, Mo.

Specify whether injury occurred in industry, in home, or in public place.

20. FILED 11/26/40 19 Blair Registrar.

Manner of injury _____

Nature of injury _____

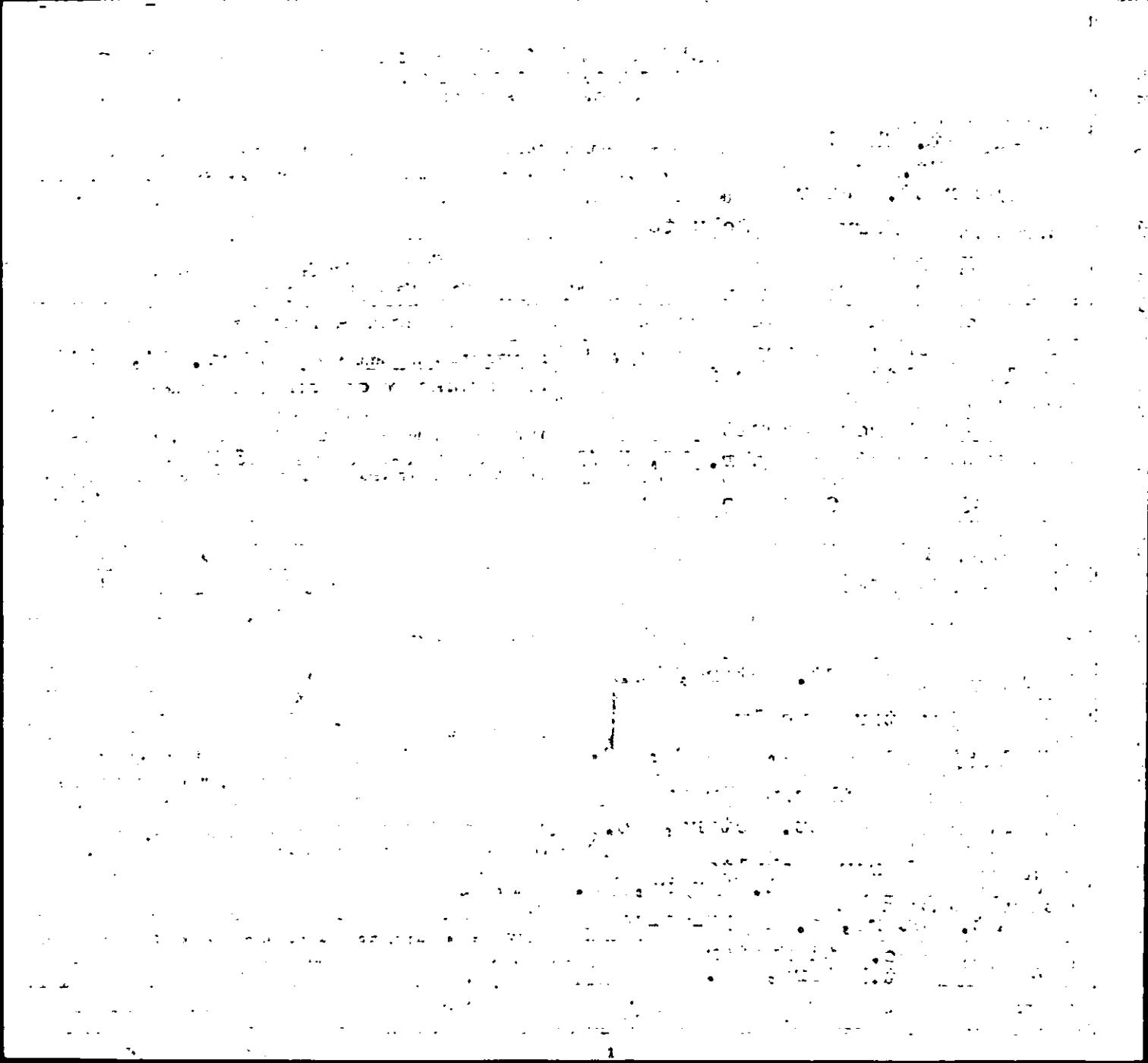
24. Was disease or injury in any way related to occupation of deceased? No

If so, specify _____

(Signed) Joe J. [Signature], M. D.

(Address) St. Charles, Mo.

CRUSE 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. 39618

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

Registration District No. 757

Primary Registration District No. 3998

Registrar's No. _____

1. PLACE OF DEATH

(a) County St. Charles
 (b) City or town St. Charles, T. P.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
 (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) (Specify whether
 years, months or days)

3. (a) PRINT FULL NAME

Mary Anna Schulte

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband, or wife, if alive _____ year

7. Birth date of deceased (Month) _____ (Day) _____ (Year) _____

8. AGE: Years 69 Months 9 Days 8 If less than one day _____ min.

9. Birthplace (City, town, or county) _____ (State or foreign country) _____

10. Usual occupation Homemaker

11. Industry or business _____

12. Name _____

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

14. Maiden name _____

15. Birthplace (City, town, or county) _____ (State or foreign country) _____

16. (a) Informant _____

(b) Address _____

17. (a) _____ (b) Date thereof (Month) _____ (Day) _____ (Year) _____

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 2-13-41 (b) Glenn B. Messler
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
 (c) City or town St. Peters - rural
 (If outside city or town limits write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A.? ✓ years X

MEDICAL CERTIFICATION

20. DATE OF DEATH Month 11 day 24
 year 1940 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
 that I last saw him alive on _____ 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to _____ 12/1
 Due to _____

Other conditions Respirator, Chronic
 (Include pregnancy within 3 months of death) inflamm

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 [Signature] (M. D. or other) _____

Address St. Charles Date signed _____

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

SUPPLEMENTAL COPY

1940

S-39618