No. 2
-4-13-40
5-17-39
PI X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

1003

State File No. 155

Registration District No. 791 — Primary Registration District No. — Registrar's No. 155

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: De Paul Hospital 0 (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)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis 6 17 (If outside city or town limits, write "RURAL")

(d) Street No. 5223 Wells Ave. 9 (If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

3. (a) PRINT FULL NAME Otto P. Schulte

3. (b) If veteran name war Unknown SS 493-10-1943

3. (c) Social Security No. Unknown

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Bertha

6. (c) Age of husband or wife if alive 27 years

7. Birth date of deceased March (Month) 1 (Day) 1907 (Year)

8. AGE: Years 33 Months 10 Days 5 If less than one day hr. min.

9. Birthplace St. Anthony (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name Frank Schulte
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Henry Schulte
(b) Address St Anthony's, Mo.

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 1/7/41 (Month) (Day) (Year)
(c) Place: burial or cremation St. Anthony, Mo.

18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave. Y 04

19. (a) JAN 7 1941 (Date received local registrar) (b) J. F. Budach (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 5th year 1941 hour 3 minute 15 A M.

21. I hereby certify that I attended the deceased from Jan 2, 1941, to Jan 5, 1941; that I last saw him alive on Jan 9, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Ulc Endocarditis

Due to

Due to

Other conditions Bronchial Pneumonia (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? (Specify type of place)
While at work? (e) Means of injury 0

23. Signature [signature] (M. D. or other) M.D.
Address 5424 N. Union Date signed 1-6-41

(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.....

Licensed Embalmer No. 2971

P. O. Address.....

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, fact should be so stated above.