

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

FILED MAR 25 1941

791

Primary Registration District No. 1003

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. 1254

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

06  
17  
9

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: 4021 N. 25th St.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None  
(Specify whether)

In this community Unknown  
years, months or days

3. (a) PRINT FULL NAME Irene Minnie Schulte

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Clarence C Schulte

6. (c) Age of husband or wife if alive 39 years

7. Birth date of deceased May 20, 1902  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

38	8	16	hr. min.
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9. Birthplace O'Fallon / Illinois  
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Leapold Kitsch

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

14. Maiden name Marie Rite

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

16. (a) Informant Clarence C. Schulte

(b) Address 4021 North 25th St.

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 2/8/41  
(Month) (Day) (Year)

(c) Place: burial or cremation Lebanon, Illinois

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) FEB 7 1941  
(If not, give local registration date)

(b) J. W. Brubaker  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 4021 North 25th St.  
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 5th  
year 1941 hour 4:15 AM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from Jan 20, 1941, to Feb 5, 1941; that I last saw her alive on Feb 5, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 39yr

Due to Rectal Infection  
no malignancy

Due to \_\_\_\_\_

Other conditions mitral insufficiency  
(Include pregnancy within 3 months of death) 39yr

PHYSICIAN

Major findings: Of operations 92

Of autopsy 92

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 2

23. Signature J. W. Brubaker (M. D. or other) D.O.  
Address 4167 Ave Date signed 2/6/41

**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 *William G. Bushholz*

Licensed Embalmer No. *2110*

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, fact should be so stated above.**