

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 29825

Registration District No. 784

Primary Registration District No. 114

Registrar's No. 1779

1. PLACE OF DEATH:

(a) County ST. LOUIS.
(b) City or town RICHMOND HEIGHTS Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
AT HOME 1229 BELLEVUE AVE
(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 2 YEARS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County ST. LOUIS 96
(c) City or town RICHMOND HEIGHTS Mo 8
(If outside city or town limits, write "RURAL")
(d) Street No. 1229 BELLEVUE AVE S
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MATHILDA 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 WIDOWED

6. (b) Name of husband or wife GEO. J. SCHULTE 6. (c) Age of husband or wife if alive DECEASED years

7. Birth date of deceased JULY 17 1858
(Month) (Day) (Year)

8. AGE: Years 83 Months 1 Days 10 If less than one day 5 hr. 45 min.

9. Birthplace ST LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WIFE

11. Industry or business _____

MOTHER { 12. Name JOHN EINIG

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

14. Maiden name ANNA YOBST

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

16. (a) Informant R. Geo. J. Schulte

(b) Address 35238 Dewey Ave

17. (a) BURIAL (b) Date thereof 8-30-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Nation Bryker

(b) Address 6536 Clayton Rd

19. AUG 28 1941 (Date received local registrar) E. J. [Signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 8 day 27
year 41 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from 8-12-41
19. to 8-12-41, 19. ;
that I last saw her alive on 8-12-41, 19. ;
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis leading to cerebral aneurysm
Duration _____

Due to _____

Due to X _____

Other conditions X
(Include pregnancy within 3 months of death)

Major findings: X 8301
Of operations _____

Of autopsy X _____

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) X

(b) Date of occurrence _____

(c) Where did injury occur? X (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? X (Specify type of place) (e) Means of injury _____

23. Signature [Signature] (M. D. or other) MD

Address 3700 Washington Date signed _____

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

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..... *Wm Rogers*

Licensed Embalmer No... *3905*

P. O. Address *Richmond Heights*

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.