

FILED MAR 17 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

4937

1470

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. _____

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:
Bethesda Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
(Specify whether
In this community _____
years, months or days)

3. (a) PRINT FULL NAME Theresa C. Schulte,

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed

6. (b) Name of husband or wife Joseph G. Schulte 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased July 8, 1875
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 7 7 _____ hr. _____ min.

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

10. Usual occupation Sat Home

11. Industry or business _____

MOTHER FATHER { 12. Name Anton Eakenburger 4

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

14. Maiden name Catherine Dien 4

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

16. (a) Informant Joseph F. Schulte

(b) Address 4177 N. Euclid Ave.

17. (a) Removal (b) Date thereof 2/18/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Aviston, Ill

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand Blvd.

19. (a) 3 17 1942 (b) J. E. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9 708
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9
(d) Street No. 2124 Adelaide Ave.
(If rural, give location) 8
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 15 year 1942 hour _____ minute 55 P. M.

21. I hereby certify that I attended the deceased from Jan 15 1942 to Feb 15 1942 that I last saw her alive on Feb 15 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Left hemiplegia

Due to arteriosclerosis
chronic myocarditis

Due to senility

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

Major findings: Of operations _____
Of autopsy ABC

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 8

23. Signature [Signature] (M. D. or other) MD
Address 1763 E. Grand Date signed 2-16-42

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

Dr. Royal A. Hill
1709 S. Grand
Gr 5939
Dr Boyd

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 Frank A. Hill
Licensed Embalmer No. 3041
P. O. Address 2117 E. Grand

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.