S. No. 2
—1-4-41
. 5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 19992

FILED JUL 20 1942

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 5752

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Firmin DesLoge Hospital 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED: 000
(a) State Missouri (b) County 17 018
(c) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. Res. Firmin DesLoge Hosp
1325 S. Grand (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME AGNES M SCHULTE
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex F 1
5. Color or race W
6. (a) Single, widowed, married, divorced Widow 2
6. (b) Name of husband or wife David Schulte
6. (c) Age of husband or wife if alive years
7. Birth date of deceased 5/19/1887 (Month) (Day) (Year)
8. AGE: Years 55 Months 1 Days 16 If less than one day hr. min.
9. Birthplace St. Louis Mo. (City, town, or county) 0 (State or foreign country)
10. Usual occupation Housewife
11. Industry or business
FATHER 12. Name William Kennedy
13. Birthplace Lreland (City, town, or county) 4 (State or foreign country)
MOTHER 14. Maiden name Mary Halloran
15. Birthplace Washington D,C. (City, town, or county) 1 (State or foreign country)
16. (a) Informant Mrs. Josephine K Scott
(b) Address 4008 a N,Kingshighway
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/8/42 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem,
18. (a) Signature of funeral director Sullivan Bro8s
(b) Address 2849 N.Euclid ave.
19. (a) JUL 6 1942 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 5th year 1942 hour 3 minute 25 P.M.
21. I hereby certify that I attended the deceased from 12-10-38, 19..., to ..., 19...; that I last saw her alive on 7-4-42, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Myocardial failure 6 hr
Acute hypertension 4 hr
Due to Cerebral Vascular Disease
Due to
Other conditions Rheumatoid Arthritis
(Include pregnancy within 3 months of death)
Major findings:
Of operations X
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 X
(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

23. Signature [signature] (M. D. or other)
Address 37 Washington Date signed 7/4/42

844 (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 Albert Mayfield

Licensed Embalmer No. 3077

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.