

FILED SEP 11 1943 318

State File No. _____

Registration District No. _____

Primary Registration District No. 1003

Registrar's No. 7746

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:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 days
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4568 Red Bud Ave.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Amanda Schulte

3. (b) If veteran, name war No 3. (c) Social Security No. 488-01-5131

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 6, 1876.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
67 1 21 _____ hr. _____ min.

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

10. Usual occupation Ass't. Buyer

11. Industry or business Scruggs-Vandervoort-Barney

MOTHER FATHER

12. Name John C. Schulte
13. Birthplace _____ Germany 4
(City, town, or county) (State or foreign country)
14. Maiden name Catherine Niehaus
15. Birthplace _____ Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Kampmeier

(b) Address 4568 Red. Bud Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 30, 1943.
(Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery.

18. (a) Signature of funeral director Calvin F. Feutz Funeral Home

(b) Address 4828 Natural Bridge Blvd.

19. (a) AUG 30 1943 (Date received local registrar) (b) J. J. Busch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 27th, year 1943 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Skull Duration _____
Subdural hemorrhage of Brain
when she was found lying beneath
Due to second story window which
was open at her home
Due to 4568 Red Bud Ave 48-25-43
about 6:30 am. Time cause and
Other conditions Maneuver of same could
(Include pregnancy within 3 months of death)
not be determined

Major findings: _____
Of operations _____
Of autopsy 195

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) open Verdict
(b) Date of occurrence 8-25-43
(c) Where did injury occur? St. Louis Mo
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

23. Signature Alfred Perry (M. D. or other) _____
While at work? _____ (Specify type of place) _____
Means of injury _____

Date signed 8/30/43

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

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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.....

John A. Minner, Registered Apprentice No.....
working under my personal supervision.

Signed.....
John A. Minner

Licensed Embalmer No. *4186*

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.