S. No. 2
M—2-43
5-17-39 F
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

ED DEC 22 1943

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 40588

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 11013

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: Alexian Brothers Hospital
(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:

(a) State Mo. (b) County 009 12
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 736 Dover St.
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry G. Schulenburg

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased December (Month) 1 (Day) 1861 (Year)

8. AGE: Years 82 Months 0 Days 9 If less than one day hr. min.

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

10. Usual occupation Nil

11. Industry or business

FATHER
12. Name Herman Schulenburg
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Minnie Wermeier
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant John L. Crecelius
(b) Address 736 Dover

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 13, 43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Pauls Cem. Oakville, Mo.

18. (a) Signature of funeral director C. Hoffmeister U.&L.Co.
(b) Address 7814 S. Broadway

19. (a) DEC 13 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 10 year 1943 hour 9 minute 20 A.M.

21. I hereby certify that I attended the deceased from Nov. 24 - 43, 19..., to Dec. 10, 19 43, that I last saw him alive on 12-10-43, 19..., and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acc. Dilation of heart	30 min
Due to: Chronic myocarditis	yrs
Due to:	
Other conditions: chronic nephritis (Include pregnancy within 3 months of death)	yrs

Major findings:
Of operations —
Of autopsy —

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

23. Signature Irene A. Crecelius (M. D. or other)
Address 748 Lemay Ferry Rd Date signed 12/10/43

(Licensed Embalmer's Statement on Reverse Side)

Lemay Ferry

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 Jane A. Thanklin, Registered Apprentice No. ....., working under my personal supervision.

Signed Jane A. Thanklin

Licensed Embalmer No. 9472

P. O. Address 781480 Broadway

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.