

No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 31 1945

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 743
Registrar's No. 681

Registration District No. 318 Primary Registration District No. 700

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:
3246 Oregon Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community.....
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. 3246 Oregon Ave.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME CATHERINE SCHULTE
3. (b) If veteran, name war.....
3. (c) Social Security No.....

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month JUN day 22
year 1945 hour 9 22 A.M. minute..... M.
21. I hereby certify that I attended the deceased from
June 8 1945, to Jan. 22 1945.
that I last saw her alive on Jan. 22 1945,
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widow
6. (b) Name of husband or wife Herman Schulte
6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased May 1st 1879
(Month) (Day) (Year)

Immediate cause of death.....
Myocardial Infarction
Labar Poisoning
Nephritis Glomerular
Due to.....
Due to.....
Other conditions (Include pregnancy within 3 months of death).....
Major findings:
Of operations.....
Of autopsy.....

8. AGE: Years Months Days If less than one day
65 8 21 hr. min.

PHYSICIAN
Underline the cause to which death should be charged statistically.
108

9. Birthplace Missouri (City, town, or county) (State or foreign country)
10. Usual occupation At Home
11. Industry or business Housewife
12. Name Clemens Schulte
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Anna Simon
15. Birthplace Missouri (City, town, or county) (State or foreign country)

16. (a) Informant Annette Whitehead
(b) Address 3246 Oregon Ave
17. (a) Burial (b) Date thereof Jan 25/45
(Burial, cremation, or removal) (Month) (Day) (Year)

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.....

(c) Place: burial or cremation Old S.S. Peter & Paul
18. (a) Signature of funeral director Thordt's & Son
(b) Address 2909 Gravois Ave
19. (a) JAN 25 1945 (b) J. F. Medeck
(Date received local registrar) (Registrar's signature)

23. Signature James J. [unclear] (M. D. or other) MD
Address 3246 Oregon Ave Date signed 1-22-45

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 *David Dan Fossan*

Licensed Embalmer No. *4242*

P. O. Address *2906 Garvois*

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.