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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32352

FILED NOV 10 1945

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9408

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: 911a Carroll St.
(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 DEECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 911a Carroll Street
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Peter A. Schulde

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Magdalena

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased Sept. (Month) 27 (Day) 1873 (Year)

8. AGE: Years 72 Months 1 Days 2 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Schulde.
13. Birthplace (City, town, or county) Hungary (State or foreign country)

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

16. (a) Informant Anna Eckmayer
(b) Address 911a Carroll St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 1, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Walter Helderle
(b) Address 3634 Gravois Ave.

19. (a) OCT 31 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 29 year 1945 hour 6 minute 00 P.M.

21. I hereby certify that I attended the deceased from Oct 15, 1939, to Oct 29, 1945 that I last saw him alive on Oct 29, 1945 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Coronary Occlusion	2 hrs.
Due to Coronary Artery Disease	8 yrs
Due to	
Other conditions (Include pregnancy within 3 months of death)	
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 H J Phelps (M. D. or other) M.D.
Address 42 Wright Date signed 10-30-45

(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 Robert C Wheeler

Licensed Embalmer No. 2178

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.