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5-17-39  
X35857

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39772

FILED JAN 5 1946  
318

State File No. \_\_\_\_\_

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. 11324

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  
4647 LOUISIANA AVI  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. 17  
(c) City or town. ST. LOUIS (If outside city or town limits, write "RURAL") 157  
(d) Street No. 4647 LOUISIANA AVI  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME. EMILIE SCHULTE

3. (b) If veteran, name war. NO 3. (c) Social Security No. NO

4. Sex. FEMALE 5. Color or race. WHITE 6. (a) Single, widowed, married, divorced. WIDOW  
6. (b) Name of husband or wife. FRED G. SCHULTE 6. (c) Age of husband or wife if alive. \_\_\_\_\_ years  
7. Birth date of deceased. MAY 1877  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
68 7 22 hr. min.

9. Birthplace. ST. LOUIS MO  
(City, town, or county) (State or foreign country)

10. Usual occupation. HOUSEKEEPER

11. Industry or business. OWN

12. Name. BARNEBUS HARTER

13. Birthplace. MO, I  
(City, town, or county) (State or foreign country)

14. Maiden name. SOPHIE BANDERT

15. Birthplace. MO  
(City, town, or county) (State or foreign country)

16. (a) Informant. Mrs Frances Boeckman

(b) Address. 4647 Louisiana Av

17. (a) BURIAL (b) Date thereof. DEC-26-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. ST. PAULS CHURCH YARD

18. (c) Signature of funeral director. ERT SCHWUR

(b) Address. 3125 Lafayette Av

19. (a) DEC 29 1945 (b) J. F. Bredel  
(Date registered, local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23  
year 1945 hour 1 minute 20 p.m.  
21. I hereby certify that I attended the deceased from July 9 to Dec 23 1945  
that I last saw her alive on Dec 23 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death. Carcinoma of Breast  
Multiple metastases to lungs and abd.  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Duration 10 yrs  
2 mos

Other conditions. 50  
(Include pregnancy within 3 months of death)

Major findings: Radical Breast  
Of operations. 1936  
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?

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury. 0  
23. Signature. Emilie Schulte (M. D. or other)  
Address. 610-70 Santa Fe Date signed. 12/23/45

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.....

..... Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. *4014*

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.**