

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **39016**  
Registrar's No. **2778**

FILED DEC 4 1948  
Registration District No. **377**

Primary Registration District No. **6076**

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Vinita Park  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
8330 Washington Ave.  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 50 Yrs. (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis 96

(c) City or town Vinita Park  
(If outside city or town limits, write "RURAL")

(d) Street No. 8330 Washington Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Edward P. Schulte

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 22nd., year 1948 hour 1 minute 15 p.m.

4. Sex D M. 5. Color or race W. 6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Edna Schulte 6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased Feb. 13th., 1876  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from 11-13, 1948, to 11-22, 1948 that I last saw h. IM. alive on 11-22, 1948, and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 9 Days 9 If less than one day hr. min.

9. Birthplace St. Jacob Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Grocer

Immediate cause of death Cerebral Hemorrhage Duration 9 days

Due to Arteriosclerotic Hypertension ?

Due to 830

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

11. Industry or business \_\_\_\_\_

12. Name George Schulte

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

14. Maiden name Unknown

15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Mr. Haines Schulte

(b) Address 8330 Washington Ave.

17. (a) Burial (b) Date thereof 11-25-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) 11-23-48 (b) George J. Haffner  
(Date received local registrar) (Registrar's signature)

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 D

23. Signature J. E. Paul (M. D. or other)  
Address Overland, Mo. Date signed 11/23/48

**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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

**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.**