

N.B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

10939

1. PLACE OF DEATH

County St. Louis
Township Central
City Normandy (No. 14 Sunset St. Normandy Mo. St. Ward)

Registration District No. 789

Primary Registration District No. 6033-13

File No. 8K

Registered No. 8K

2. FULL NAME Louis C. Schulte

(a) Residence, No. 14 Sunset St. St. Ward

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

ds.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Male

4. COLOR OR RACE

White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

Henrietta Schulte

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

July 15, 1882

7. AGE

50

YEARS

MONTHS

8

DAYS

10

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Salaman

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Benjamin Moore

10. Date deceased last worked at this occupation (month and year)

Paint

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Mo

FATHER

13. NAME

Henry A. Schulte

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Pa

MOTHER

15. MAIDEN NAME

Louisa Brinkhoff

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Germany

17. INFORMANT (ADDRESS)

Mrs. Henrietta Schulte
14 Sunset St. Normandy Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Cemetery

DATE

Mar. 28 1933

19. UNDERTAKER (ADDRESS)

Muller Undertaking Co
5165 Delmar Blvd.

20. FILED

3/26 1933 Jella Bracy H.
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)

March 25 1933

22. I HEREBY CERTIFY, That I attended deceased from

2/3/33

1933

to

Mar 24

19

I last saw him alive on Mar 24, 1933. Death is said

to have occurred on the date stated above, at 4:15 A.m.

The principal cause of death and related causes of importance were as follows:

Bacterial endocarditis
Streptococcus viridans
pus in heart valves
3 cultures

Other contributory causes of importance:

Name of operation

none

Date of

What test confirmed diagnosis?

Blood culture

Was there an autopsy? 20

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury no 19

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

none

Nature of injury

none

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed)

Chas. R. Muller

(Address)

1035 Nassau St.

Lo. 7441
1035716 11-11-13
1230 - 22 PM