

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

Do not use this space.

4434

**1. PLACE OF DEATH**

County.....

Registration District No. 791

1003

Township.....

Primary Registration District No. ....

City St. Louis (No. Barnes Hospital)

File No. ....

Registered No. 1066

St. ....

Ward) ....

**2. FULL NAME** Verity Elizabeth Mary Schulte

(a) Residence. No. 5798 Pershing Ave St. 5 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.

yrs.

mos.

ds.

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

yrs.

mos.

ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX

Female

4. COLOR OR RACE

White

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

Single

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

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

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

About 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work

High School Student

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis

10. NAME OF FATHER

John J. Schulte

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Mo.

12. MAIDEN NAME OF MOTHER

Carolyn Mohman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Mo.

14.

INFORMANT

(Address)

George Schulte  
5798 Pershing Ave

15.

FILED

22

19

W. C. Starker  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 1 - 30 1922

17.

I HEREBY CERTIFY, That I attended deceased from

1 - 17 1922, to 1 - 29 1922, (that I last saw her alive on 1 - 29 1922, and that death occurred, on the date stated above, at 8:39 P.M.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Broncho Pneumonia  
23d

10TA

(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)

Tuberculosis (pulmonary)

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed)

Charles W. Jelder M.D.

, 19

(Address) Barnes Hospital

\*State the DISEASE CAUSING DEATH, or in case from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

Cabway Cemetery

Jan 23 1922

20. UNDERTAKER

ADDRESS

Chas. L. Geraghty

4822 Easton

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

