

JAN 10 1938

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

Do not use this space.

43259

1. PLACE OF DEATH Isolation Hospital

County.....

Registration District No. 221

Township.....

Primary Registration District No. 1003

City St. Louis, Mo

(No. St. Ward)

File No.

Registered No. 11509

2. FULL NAME George Norman Schulte

(a) Residence, No. Maurice & Fermo St., N.R. Ward.

(Usual place of abode) Ferguson, Mo (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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12 - 13 - 1937

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

22. I HEREBY CERTIFY, That I attended deceased from 12-12-1937, to 12-13-1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9/22/35

I last saw him alive on 12-12-1937. Death is said to have occurred on the date stated above, at 7:00 A.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 2 2 21

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Nil
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation.

Diphtheria, Date of onset 12-8-37

Other contributory causes of importance: 10

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

13. NAME John Henry Schulte

Name of operation Tracheotomy Date of 12-13-37

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Missouri

What test confirmed diagnosis? A. Schlegel Was there an autopsy? yes

15. MAIDEN NAME Nell Perkins

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 19...

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

Where did injury occur? (Specify city or town, county, and State)

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

17. INFORMANT G. Barry (ADDRESS) 3600 Arsenal St.

Manner of injury

Nature of injury

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Dec. 15 1937

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

If so, specify

19. UNDERTAKER (ADDRESS) J. F. Bredeck

(Signed) Harry J. Ullrich, M. D.

20. FILED DEC 15 1937 J. F. Bredeck Registrar

(Address) 3600 Arsenal

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.

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