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.

REC'D OCT 12 1938

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

30956
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 8393
(c) City ..... (d) Street No. 2713 ST. LOUIS AVE St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME AMANDA SCHULTE 430
(a) Residence, No. 2713 St Louis St. 20
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): WIDOWED
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF PHILIP SCHULTE
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB. 10, 1856
7. AGE: YEARS 82 | MONTHS 7 | DAYS 14 | If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ST. LOUIS, MO. 0

FATHER
13. NAME WILLIAM SCHULZE 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY 6

MOTHER
15. MAIDEN NAME UNKNOWN
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) GERMANY

17. INFORMANT WILLIAM SCHULTE
(ADDRESS) 2713 ST. LOUIS AVE
18. BURIAL, CREMATION, OR REMOVAL
PLACE NEW PICKER DATE SEPT. 27, 1938
19. FUNERAL DIRECTOR Goodhart & Goodhart
(ADDRESS) 2228 St Louis Ave
20. FILED SEP 26 1938 J. F. Bredeck
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 24, 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec. 12, 1937, to Sept 24, 1938
I last saw her alive on Sept 24, 1938 Death is said to have occurred on the date stated above, at 5:00 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis — Date of onset 1936
Other contributory causes of importance:
Senility
Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....
24. Was disease or injury in any way related to occupation of deceased? no
If so, specify .....
(Signed) Allen N. Roe, M. D.
(Address) 2712 S. 14th.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER.

I Charles Goodhart, Licensed Embalmer No. 2777

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Charles Goodhart

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Charles Goodhart

Licensed Embalmer No. 2777

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)