

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

24324
Do not use this space.

REC'D AUG 11 1939

1. PLACE OF DEATH
 (a) County St. Louis Registration District No. 791
 (b) Township St. Louis mo Primary Registration District No. 1003 Registered No. 6597
 (c) City St. Louis mo (d) Street No. St. Anthony Hospital 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 Dr. Assumpta Schulte 430
 (a) Residence, No. C. Fallon mo St. NR (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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) May 3rd 1890

7. AGE YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
49	2	23	

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

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

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

11. Total time (years) spent in this occupation Life - T

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flint Hill mo

FATHER 13. NAME Joseph Schulte

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flint Hill mo

MOTHER 15. MAIDEN NAME Ida Beckner

15. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Flint Hill mo

17. INFORMANT (ADDRESS) Dr. M. Innocentia
C. Fallon mo

18. BURIAL, CREMATION, OR REMOVAL PLACE C. Fallon mo DATE July 27, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) St. Charles mo
J. B. Brubaker
Local Registrar

20. FILED JUL 27 1939

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from 7/20, 1939, to 7/26, 1939
 I last saw her alive on 7/25, 1939 Death is said to have occurred on the date stated above, at 8⁰⁰ m.
 The principal cause of death and related causes of importance were as follows:
Myocarditis Ch
Nephritis Ch
My peritonitis Ch
 Date of onset 1938?
1938?
1938?

Other contributory causes of importance:
Rheumatism began in childhood

Name of operation..... Date of.....
 What test confirmed diagnosis? Pop raw det test Was there an autopsy?

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) Robert A. Warner, M. D.
 (Address) 1115 Paul Brown Bldg
St. Louis mo

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.

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.....

sr....., Registered Apprentice No.....
working under my personal supervision.

Signed *John E. Dallmeier*

Licensed Embalmer No. *2907*

P. O. Address. *St Charles M*

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, above space should be left blank.