No. 2
—1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 40449

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 10201

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1633 California Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 23 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 1633 California Ave. 5
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Henry C. Schulte
3. (b) If veteran, name war No.
3. (c) Social Security No. 493-10-9068
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Divorced
6. (b) Name of husband or wife Ella
6. (c) Age of husband or wife if alive 56 years
7. Birth date of deceased April (Month) 1 (Day) 1875 (Year)

8. AGE: Years	Months	Days	If less than one day
66	8	22	hr. min.

9. Birthplace Gilmore (City, town, or county) Missouri (State or foreign country)
10. Usual occupation Retired
11. Industry or business Public Service Co.

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Irene Haley
(b) Address 2514 Wallis
17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 12-24-41 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla Crematory
18. (a) Signature of funeral director Albert H. Hoppe
(b) Address 4700 Washington Ave.
19. (a) DEC 23 1941 (Date received local registrar) (b) J. F. Bredak (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 23 year 1941 hour 6 30 minute A M.
21. I hereby certify that I attended the deceased from November 16 1941 to Dec 23 1941 that I last saw him alive on Dec 22 1941 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardio Vascular Renal Disease — Duration about 3 yrs.
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings: Of operations
Of autopsy

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M. D.)
Address 5400 Southwest St. Louis Mo. Date signed Dec 23/41

(Licensed Embalmer's Statement on Reverse Side)

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.....

.....Registered Apprentice No.....

working under my personal supervision.

Signed Albert E. Hoffer

Licensed Embalmer No. 2971

P. O. Address.....

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

If this body is not embalmed, fact should be so stated above.