

FILED DEC 21 1942

State File No.

Registrar's No. 10367

Registration District No.

Primary Registration District No.

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:  
City Infirmary  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 years  
(Specify whether life years, months or days)

In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State..... Missouri (b) County..... 000  
17  
13

(c) City or town..... St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No..... City Infirmary  
(If rural, give location)

(e) Citizen of foreign country? American (Yes or No)

If yes, name country..... 0

3. (a) PRINT FULL NAME..... Louis Schulte

3. (b) If veteran, name war..... NONE

3. (c) Social Security No..... NONE

4. Sex..... male

5. Color or race..... white

6. (a) Single, widowed, married, divorced..... single

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased..... DEC 9 1880  
(Month) (Day) (Year)

8. AGE:

|           |          |          |                      |
|-----------|----------|----------|----------------------|
| Years     | Months   | Days     | If less than one day |
| <u>62</u> | <u>0</u> | <u>2</u> | — hr. — min.         |

9. Birthplace..... St. Louis, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation..... GEN. LABOR

11. Industry or business..... FURNITURE FACTORY

MOTHER FATHER

12. Name..... Barney Schulte

13. Birthplace..... Germany  
(City, town, or county) (State or foreign country)

14. Maiden name..... Charlotte POTTING

15. Birthplace..... Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant..... C. Hannon

(b) Address..... 5800 Arsenal St.

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof..... DEC 12 = 42  
(Month) (Day) (Year)

(c) Place: burial or cremation..... CALVARY

18. (a) Signature of funeral director..... BROCKLAND and Co

(b) Address..... 1827 Hogan St.

19. (a) DEC 12 1942 (Date received local registrar)

J. J. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... Dec. day..... 11th  
year..... 1942 hour..... 1: minute..... 40 p.m.m.

21. I hereby certify that I attended the deceased from 12-8-42  
to 12-11, 1942  
that I last saw him alive on 12-11, 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death..... Gangrene of left leg

Due to..... Arteriosclerosis

Due to.....

Other conditions..... Degenerative Heart Disease  
(Include pregnancy within months of death)

Major findings:  
Of operations..... J. J. Bredack

Of autopsy.....

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?..... (Specify type of place)

(c) Means of injury.....

23. Signature..... V. S. Lanier (M. D. or other)

Address..... 500 S. Kingshighway Date signed..... 12/11/42

Duration

2 days

PHYSICIAN

Underline the cause to which death should be charged statistically.

**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.....  
.....  
working under my personal supervision.

*No Embalming Case.*  
Signed *John J. Brockland*  
Registered Apprentice No. *Brockland Ind. Co.*  
Licensed Embalmer No. *John J. Brockland*

**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, fact should be so stated above.**