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FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

346786
State File No. _____
Registrar's No. 9047

FILED OCT 30 1948
Registration District No. 318

Primary Registration District No. 100's

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

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital - Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 0 (Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 093
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1515 Lafayette Ave.
Memorial (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME JOHN HENRY SCHULTE
3. (b) If veteran, name war NO
3. (c) Social Security No. no

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 17th
year 1948 hour 9 minutes 40 P M.
8/27/48
21. I hereby certify that I attended the deceased from _____, 19____, to Oct. 17th, 1948,
that I last saw him alive on Oct. 17th, 1948,
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced widowed
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Feb. 13th 1888
(Month) (Day) (Year)

Immediate cause of death _____
Arteriosclerotic Heart Disease
Due to _____
Due to _____
Other conditions Multiple Myelofibromatosis
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day
60 8 4 _____ hr. _____ min.

9. Birthplace St. Louis, Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Elevator Operator

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business City Hospital
12. Name Herman Schulte
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Mary E. Brand
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Melva E. Miller
(b) Address 2624 S. Jefferson Ave.

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? _____

17. (a) burial (b) Date thereof 10-20-48
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director _____
(b) Address 2117 E. Grand Blvd.
19. (a) OCT 19 1948 (b) J. B. Sander
(Date received local file) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature 1515 Lafayette 10/18/48 (City or town) (County) (State) (Date signed)
Address _____

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 Frank A. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.