

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

Do not use this space.

**1. PLACE OF DEATH**

County.....  
Township.....  
City St. Louis, Mo. (No. Childrens Hospital)

Registration District No. 791  
Primary Registration District No. 1003

. 20122  
File No. ....  
Registered No. 6156  
St. .... Ward)

**2. FULL NAME** Richard Schulmeister

(a) Residence. No. 4226 Walsh St. 15 Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 8-27-25

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
5 9 27

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work child  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stanton  
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Edward Schulmeister

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Stanton  
(STATE OR COUNTRY) Illinois

12. MAIDEN NAME OF MOTHER Pauline Meyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Stanton  
(STATE OR COUNTRY) Illinois

14. INFORMANT Amazue  
(Address) 500 S. Kingsway

15. FILED 1931 REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 5/24/1931

17. I HEREBY CERTIFY, That I attended deceased from 5/23/1931, to 5/24/1931, that I last saw him alive on 5/24/1931, and that death occurred, on the date stated above, at 10:05 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:  
105A laryngeal obstruction  
105B laryngitis (cause ?)  
non diphtheritic  
(duration) yrs. mos. ds. 2

CONTRIBUTORY (SECONDARY) 105  
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED Home  
IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 5-23-31  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? N.o.c.  
(Signed) Alfred F. Hartman, M.D.

5/24/1931 (Address) 500 S. Kingsway

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Stanton Ill DATE OF BURIAL 5/26/31

20. UNDERTAKER Huntman Und. ADDRESS Stanton Ill

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

