

REC'D SEP 20 1939

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

28722

Do not use this space.

## 1. PLACE OF DEATH

(a) County Callaway 1 Registration District No. 104  
 (b) Township Fulton Primary Registration District No. 3008 Registered No. 221  
 or  
 (c) City Fulton (d) Street No. State Hospital #1 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 1 yrs. 8 mos. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

John B. Schuster  
 (a) Residence, No. St. Charles, Missouri St.  (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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>M</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Anna Hammond</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 16, 1873</u>		
7. AGE	YEARS	MONTHS
<u>66</u>	<u>65</u>	<u>66</u>
		DAYS
		<u>25</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Laboree</u>		
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
13. NAME <u>John H. Schuster</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
15. MAIDEN NAME <u>Therese Bullenmuller</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>		
17. INFORMANT (ADDRESS) <u>State Hosp #1 Records, Fulton Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St Charles Mo</u> DATE <u>Aug 10, 1939</u>		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>Wm J. Murphy, 400 Cent St. Fulton, Mo</u>		
20. FILED <u>Aug 10, 1939</u> <u>R. W. Crews</u> Local Registrar.		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10<sup>th</sup>, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from July 1, 1938 to Aug 10<sup>th</sup>, 1939  
 I last saw him alive on Aug 10, 1939. Death is said to have occurred on the date stated above, at 10:50 A.M.  
 The principal cause of death and related causes of importance were as follows:

Arteriosclerosis  
99

Other contributory causes of importance:

Psychosis with cerebral arteriosclerosis  
Dehydration  
Malnutrition

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

23. If death was due to external cause (violence), fill in also the following:  
 Accident, suicide, or homicide? No 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) Geo. F. Wood, M. D.

(Address) State Hospital, Fulton Mo

**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.....

*John D. Batchelder*....., Registered Apprentice No. *192*  
working under my personal supervision.

Signed.....

*Glen Y. Mauhin*  
Licensed Embalmer No. *2725*

P. O. Address. *Wilton Mo.*

**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.**