

FILED FEB 24 1942
Registration District No.

Primary Registration District No. 6252

Registrar's No. 2

1. PLACE OF DEATH: **ANDRAIN**
 (a) County **ANDRAIN**
 (b) City or town **RURAL CIVRE TWP**
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: **1 1/2 MILES SOUTH OF VANDALIA**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution **50 YEARS**
 In this community **50 YEARS**
 years, months or days

2. USUAL RESIDENCE OF DECEASED:
 (a) State **MISSOURI** (b) County **ANDRAIN**
 (c) City or town **RURAL CIVRE TWP**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **1 1/2 MILES SOUTH OF VANDALIA**
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? **70** years.

3. (a) PRINT FULL NAME **CHARLES AUGUST SCHULZ**

3. (b) If veteran, name war. 3. (c) Social Security No. **NONE**

4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **MARRIED**
 6. (b) Name of husband or wife **MINNIE MILLER SCHULZ** 6. (c) Age of husband or wife if alive **74** years
 7. Birth date of deceased **MARCH 26 1864**
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	77	9	11	hr. min.

9. Birthplace **HANOVER GERMANY**
(City, town, or county) (State or foreign country)

10. Usual occupation **FARMER**

11. Industry or business

12. Name **JOHN SCHULZ**

13. Birthplace **HANOVER GERMANY**
(City, town, or county) (State or foreign country)

14. Maiden name **DO NOT KNOW**

15. Birthplace **HANOVER GERMANY**
(City, town, or county) (State or foreign country)

16. (a) Informant **AUGUST SCHULZ**

(b) Address **VANDALIA MISSOURI**

17. (a) **BURIAL** (b) Date thereof **JAN 8 1942**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **VANDALIA MO**

18. (a) Signature of funeral director **H. S. Matus**

(b) Address **Vandalia Missouri**

19. (a) **Jan 8 1942** (b) **Mullie Fugan**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **January** day **6**
year **1942** hour **8:00** minute **AM**

21. I hereby certify that I attended the deceased from **Dec 22**
1941 to **Jan 6 1942**
that I last saw him alive on **Jan 4 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute Myocarditis**
Duration **3 days**

Due to **Cardiac Hypertrophy** **6 mos.**

Due to **Pulmonary edema** **1 yr**

Other conditions **Hypertension**
(Include pregnancy within 6 months of death)

Major findings:
 Of operations **9502**
 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) (e) Means of injury

23. Signature **R. L. Marshall** (M. D. or other) **D.O.**

Address **Vandalia Mo** Date signed **Jan 6**

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

RECEIVED

District Health Officer No. 10

District File Number 2-42-336

Date Filed FEB 19 1942

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.....

G. M. B. Waters

Licensed Embalmer No.

4169

P. O. Address.....

Dandelin 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, fact should be so stated above.