

FILED DEC 10 1942

Registration District No. 310

Primary Registration District No. 6051

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

1. PLACE OF DEATH:

(a) County St. Charles  
(b) City or town St. Charles  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: St. Charles County Home  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution four months  
(Specify whether  
In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles  
(c) City or town St. Charles  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

August Schulte

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or Race White

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

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

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

7. Birth date of deceased September 11 1871  
(Month) (Day) (Year)

8. AGE: Years 71 Months 1 Days 25 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Casper Schulte

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

14. Maiden name Julia - Unknown

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

16. (a) Informant Judge Rothermick

(b) Address St. Charles Co, Mo

17. (a) Burial (b) Date thereof Nov 6 1942  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Charles Burial Home

18. (a) Signature of funeral director W. C. Dallmeier & Sons

(b) Address 801 N. Second St. Charles Mo

19. (a) 11-5-42 (b) Clarence A. Wessler  
(Date received local registrar) (Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 6 year 1942 hour 9 minute 0 a. M.

21. I hereby certify that I attended the deceased from Nov 1st 1942 to Nov 6th 1942 that I last saw him alive on Nov 5th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Uremia  
Due to Chronic Interstitial  
nephritis  
Other conditions Gen. Arteriosclerosis  
(Include pregnancy within 3 months of death)

Duration 3 days  
10 yrs  
15 yrs  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

Major findings: Of operations No  
Of autopsy No

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? \_\_\_\_\_  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature A. P. Ferish Schulte M. D. or other \_\_\_\_\_  
Address St. Charles Mo Date signed 11/10/42

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**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 John E. Dallmeyer

Licensed Embalmer No. 2957

P. O. Address St Charles Ind

**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.**