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A-9-4-41
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 11112

ED APR 8 1943
Registration District No. 76

Primary Registration District No. 4410

Registrar's No.

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

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1. PLACE OF DEATH

(a) County Phelps

(b) City or town St James
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether _____)

In this community _____ years, months or days (Specify whether _____)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County Phelps

(c) City or town St James
(If outside city or town limits, write "RURAL")

(d) Street No. _____ (If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Albert Schulte

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 3 day 6
year 43 hour 11:30 minute 0 M.

4. Sex Male 5. Color or Race W

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

6. (b) Name of husband or wife Martha Schulte 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased 4-5-1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from March 6, 1943 to March 6, 1943
that I last saw him alive on March 6, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

8. AGE: Years 60 Months 11 Days 1 If less than one day _____ hr. _____ min.

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

Other conditions (include pregnancy within 3 months of death) 940

Major findings: Of operations _____

Of autopsy _____

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Saint Roman

{ 13. Birthplace _____ (City, town, or county) (State or foreign country)

{ 14. Maiden name _____

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

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? _____

16. (a) Informant Martha Schulte

(b) Address St James MO

17. (a) Burial (b) Date thereof 3-9-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Masonic Cem

18. (a) Signature of funeral director W. E. Rickleder

(b) Address St James MO

19. (a) 3-15-43 (b) Francis Dickson
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature C. J. Hammler (M. D. _____)

Address St James, Mo. Date signed III 7 43

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(Licensed Embalmer's Statement on Reverse Side)

PHYSICIAN
Underline the cause to which death should be charged statistically.

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 W E Richler

Licensed Embalmer No. 1970

P. O. Address St James 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.