.S. No. 300
iv. 10.48

FILED JUN 1 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17601

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 106

1. PLACE OF DEATH
a. COUNTY Franklin.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington.
c. LENGTH OF STAY (in this place) 5½ mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Francis Hospital.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri. b. COUNTY Franklin.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Washington. 0362
d. STREET ADDRESS (If rural, give location) 431 Stafford.

3. NAME OF DECEASED (Type or Print) a. (First) Rosa b. (Middle) K. c. (Last) Schulte.
4. DATE OF DEATH (Month) May (Day) 22nd, (Year) 1953.
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married.
8. DATE OF BIRTH Jan. 23, 1889
9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months 3 Days 29 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-work.
10b. KIND OF BUSINESS OR INDUSTRY x
11. BIRTHPLACE (City and State or Foreign Country) Washington, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Gerhard Schulte.
13b. MOTHER'S MAIDEN NAME Annie Spreckelmeyer.
14. NAME OF HUSBAND OR WIFE None.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service) x
16. SOCIAL SECURITY NO. None.
17. INFORMANT'S SIGNATURE OR NAME Joseph W. Schulte ADDRESS Washington, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic nephritis — 6 mos
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none 592X
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 July, 1947, *to* 22 May, 1953, *that I last saw the deceased alive on* 21 May, 1953, *and that death occurred at* 1:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Raymond J. Bozzo, M.D. (Degree or title)
23b. ADDRESS Washington, Mo.
23c. DATE SIGNED 23 May 53
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 25, 1953.
24c. NAME OF CEMETERY OR CREMATORY St. Francis Cemetery.
24d. LOCATION (City, town, or county) Washington, Mo. (State)
DATE REC'D BY LOCAL REG. May 23, 1953
REGISTRAR'S SIGNATURE F. E. Heidmann by L. E. Heidmann
25. FUNERAL DIRECTOR'S SIGNATURE Gilburg & Vitt, Inc. ADDRESS Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 31 1961

1961

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.....

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed A. Meiburg.

Licensed Embalmer No. 2387

P. O. Address Washington 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.