

FILED JUL 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18519

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>119</u>		PRIMARY REG. DIST. NO. <u>4193</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>GASCONADE</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>GASCONADE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HERMANN</u>		c. LENGTH OF STAY (In this place) <u>4 1/2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HERMANN</u> <u>0371</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>331 W. 7th ST.</u>				d. STREET ADDRESS (If rural, give location) <u>331 W 7th St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWIN</u> b. (Middle) <u>FERDINAND</u> c. (Last) <u>SCHULTE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6-16-1954</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>Dec. 23, 1876</u>	
9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MILLER-RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FLOUR MILL</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>HENRY SCHULTE</u>		13b. MOTHER'S MAIDEN NAME <u>MARY HAASE</u>		14. NAME OF HUSBAND OR WIFE <u>KATHERINE A. SCHULTE</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>N</u>		16. SOCIAL SECURITY NO. <u>493-32-8056</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>ESTHER M. SCHULTE, HERMANN, MO.</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute circulatory failure</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary thrombosis</u> DUE TO (c) <u>Chronic hepatitis, chronic nephritis</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>5810</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan. 7, 1951</u> , to <u>June 16, 1954</u> , that I last saw the deceased alive on <u>June 15, 1954</u> , and that death occurred at <u>12:32 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>E. J. Oster</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Hermann, Mo.</u>		23c. DATE SIGNED <u>6/18/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>6-19-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>HERMANN CITY CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>HERMANN, MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>6-19-54</u>		REGISTRAR'S SIGNATURE <u>Delma Geckens</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hugo N. Blumherm, Hermann, Mo.</u>			

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

0371

OCT 7 8 1962

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

*Hugo R. Ponce*

Licensed Embalmer No. 3160

P. O. Address Hermana, 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.