N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 26 1930

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

12266

1. PLACE OF DEATH

County: Gasconade — Registration District No.: 305 — File No.:

Township: Canaan — Primary Registration District No.: 4184 — Registered No.: 6

City: Owensville Mo (No. ..... St. ..... Ward)

2. FULL NAME: Emelia Schulte

(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ..... yrs. ..... mos. ..... ds. How long in U.S., if of foreign birth? ..... yrs. ..... mos. ..... ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 22 - 1859

7. AGE: 70 YEARS — MONTHS: 3 — DAYS: 16 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House Work

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Bay Mo

PARENTS

10. NAME OF FATHER: Fritz Hoelmer

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

12. MAIDEN NAME OF MOTHER: Katherine Scherr

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Meta M. Schulte
(Address): Owensville Mo

15. FILED 4-22, 1930 J. J. Ferrell, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4 - 8 - 1930

17. I HEREBY CERTIFY, That I attended deceased from 2 - 14, 1927, to 4 - 8, 1930, that I last saw her alive on 4 - 8, 1930, and that death occurred, on the date stated above, at 2-10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Crouse Pulmonary Tuberculosis

23A

..... (duration) 3 yrs. 2 mos. ..... ds.

CONTRIBUTORY (SECONDARY) 31

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? .....

8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Edw Mellies, M. D

4-9, 1930 (Address) Owensville Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Bethel

DATE OF BURIAL: 4 - 11 1930

20. UNDERTAKER: W. F. Tottenstroeter

ADDRESS: Owensville Mo