NOV 14 1934

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

Do not use this space.

1. PLACE OF DEATH
County: Cole
Township: Osage
City: St. Thomas (No. ..... St. ..... Ward)

Registration District No. 1158
Primary Registration District No. 5296a

File No. 35582
Registered No. .....

2. FULL NAME: Herman Schulte

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

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov. 29th. 1861

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
72	10	20	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: .....
10. Date deceased last worked at this occupation (month and year): .....
11. Total time (years) spent in this occupation: .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

FATHER
13. NAME: Ben H. Schulte
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Anna Brente
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

17. INFORMANT (ADDRESS): Joseph Schulte, St. Thomas, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: St. Thomas Cemetery DATE: Oct. 12th. 1934

19. UNDERTAKER (ADDRESS): Herman Shope, Meta, Mo.

20. FILED Oct. 13th. 1934 F. A. Luckenbach, Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct the 10th. 1934

22. I HEREBY CERTIFY, That I attended deceased from December 1933 to Oct the 10th, 1934
I last saw him alive on Oct the 5th, 1934. Death is said to have occurred on the date stated above, at 5 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Heart disease	
Mitral regurgitation	
& dilatation of the Heart	
Other contributory causes of importance:	
Syphilis & Arterio	
Sclerosis	

Name of operation: — Date of: .....
What test confirmed diagnosis? — Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? — Date of injury ....., 19....
Where did injury occur? — (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury: —
Nature of injury: —

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify: .....

(Signed) Henry C. Werner, M. D.
(Address) St. Thomas Mo.

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.