

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

Do not use this space.

**AUG 20 1936**

26172

**1. PLACE OF DEATH**

County Franklin Registration District No. 297 File No. \_\_\_\_\_  
 Township \_\_\_\_\_ Primary Registration District No. 3016 Registered No. 59  
 City Washington, Mo. (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Phillipina Schulte <sup>WMA</sup>  
 (a) Residence, No. 316 Jefferson St. Washington, 2nd Ward. (If nonresident, give city or town and State)  
 Length of residence in city or town where death occurred 36 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF Frank H. W. Schulte.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 7th, 1879.

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
57 2 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House-wife.

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 X

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shipman, Illinois.

13. NAME Frank Heiser.

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

15. MAIDEN NAME Mary Eschbacher.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown.

17. INFORMANT Frank H. W. Schulte. (ADDRESS) Washington, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington, Mo. DATE July 4th, 1936

19. UNDERTAKER Nieburg & Vitt, Inc., (ADDRESS) Washington, Mo.

20. FILED July 2 - 1936 N. D. May Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1st, 1936.

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1936, 1936 to July 1, 1936

I last saw her alive on July 1, 1936 Death is said to have occurred on the date stated above, at 1:50 A. M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of the Cervix  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: 40

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? no

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? no  
 If so, specify \_\_\_\_\_

(Signed) [Signature] M. D.  
 (Address) Washington, 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.

APR 19 1950