FEB 23 1937

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

Do not use this space.

1. PLACE OF DEATH
County Warren
Township Charrette
City Marthasville (No. ..., ... St. ... Ward)

Registration District No. 8 8 4
Primary Registration District No. 6 1 7 6

File No. 4743
Registered No. 2

2. FULL NAME John Henry 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) Sept. 27-1863
7. AGE YEARS 73 MONTHS 3 DAYS 17 If LESS than 1 day, ... hrs. or ... min.

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) Marthasville Missouri

FATHER
13. NAME Frederick Schulte
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Marthasville Missouri

MOTHER
15. MAIDEN NAME Frederichia Spackman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. John Dooer Marthasville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Marthasville Mo DATE Jan 17 1936

19. UNDERTAKER (ADDRESS) Fred Wlichtenberg Marthasville Mo

20. FILED Jan 16 1937 T C Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from Apr 16, 1936, to Jan 14, 1937
I last saw him alive on Jan 14, 1937. Death is said to have occurred on the date stated above, at 10:30 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Oesophagus (Cardiac end) (Obstructive)	about 1934
Other contributory causes of importance:	
Inanition	Nov 1937

Name of operation none Date of
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) Robert H Schmidt, M. D.
(Address) Marthasville Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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