REC'D SEP 14 1938

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

29681
Do not use this space.

**1. PLACE OF DEATH**

(a) County Perry Co. Registration District No. 658

(b) Township Saline Primary Registration District No. 5875 Registered No. 62

(c) City ..... (d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)

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

**2. PRINT FULL NAME** Sarah J. Schulte 1120

(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## 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 HUSBAND OF (OR) WIFE OF: Joseph Schulte

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 19-1862

7. AGE: Years 76 | Months 1 | Days 5 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as saw mill, bank, etc. Housewife
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): Perry Co. Mo. 0

FATHER
13. NAME: Francis Dickerson 0
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry Co. Mo. 0

MOTHER
15. MAIDEN NAME: Welker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Perry Co. Mo.

17. INFORMANT (ADDRESS): Joseph Schulte Litheum Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE St. Marys DATE Aug. 26 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Young & Sons Perryville Mo.

20. FILED Aug 26 1938 G. F. Graff
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 24 1938

22. I HEREBY CERTIFY, That I attended deceased from July 1935 to Aug. 24 1938
I last saw her alive on on Aug 24 1938. Death is said to have occurred on the date stated above, at 10:35 A.M.
The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---|---|
| Cerebral malacia | 1935 |
| 82 C | |

Other contributory causes of importance:

| | |
|---|---|
| Arteriosclerosis | Unknown |

Name of operation None Date of .....
What test confirmed diagnosis? None 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) J. A. Wilkens, M. D.
(Address) St. Marys, Mo.

(Licensed Embalmer's Statement on Reverse Side)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

## 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 .....

Registered Apprentice No....., working under my personal supervision.

Signed Wallace Young

Licensed Embalmer No. 4027

P. O. Address Perryville Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**