

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

Do not use this space.

REC'D SEP 9 1938

29881

1. PLACE OF DEATH

County St Charles Registration District No. 760 A
 Township Cume Primary Registration District No. 5999
 City (No.) St. () Ward ()

2. FULL NAME

Karl F. Schulte 430
 (a) Residence, No. Orallen R. 1 St., Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 66 yrs. mos. ds. How long in U. S., if of foreign birth? 66 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Mrs Elizabeth Schulte deceased

22. I HEREBY CERTIFY That I attended deceased from Jan 1st 1938 to Aug. 10th 1938
 I last saw him alive on Aug. 10th 1938 Death is said to have occurred on the date stated above, at 4:30 m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2 - 1854
 7. AGE YEARS 83 MONTHS 97 DAYS 8
 If LESS than 1 day, hrs. or min.

The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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

Other contributory causes of importance:
Old Age

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

MOTHER FATHER 13. NAME Frederick Schulte

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

MOTHER 15. MAIDEN NAME not known

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

17. INFORMANT (ADDRESS) Adgar Schulte Orallen Mo. R. 1

18. BURIAL, CREMATION, OR REMOVAL PLACE Wardensville Mo. DATE Aug. 13 1938

19. UNDERTAKER (ADDRESS) E. Keithly Orallen Mo.

20. FILED 8/15 38 Gertrude S. Tenet Registrar.

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) T. J. Jones M.D. M. D.

(Address) Wentzville, Mo.

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

