

REC'D JUL 18 1939

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

22636
Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 538
 (b) Township St. Michaels Primary Registration District No. 3028 Registered No. 42
 (c) City Frederickton (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

430 FRANK F. SCHULTE
 (a) Residence, No. Frederickton Mo. St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Emma H. Schulte
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 23 1868
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 1 10
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Mechanic
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) June 3, 1939 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Mo.

FATHER 13. NAME Fred Schulte

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

MOTHER 15. MAIDEN NAME Louise Sanderman

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co. Mo.

17. INFORMANT (ADDRESS) John L. Schulte Frederickton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Frederickton DATE June 6 1939

19. FUNERAL DIRECTOR (ADDRESS) William B. O'Connor Frederickton, Mo.

20. FILED June 5 1939 S. C. Slaughter Jody Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 3 1939

22. I HEREBY CERTIFY, That I attended deceased from June 3 1939, to June 3 1939.
 I last saw him alive on June 3 1939. Death is said to have occurred on the date stated above, at _____ m.
 The principal cause of death and related causes of importance were as follows:

Dislocated Cervical vertebrae June 3
(Death instant)

Date of onset June 3 1939

Other contributory causes of importance: 186 lbs

Name of operation None Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? NO

23. If death was due to external causes (violent), fill in also the following:
 Accident, suicide, or homicide? Accident Date of injury June 3 1939
 Where did injury occur? Frederickton Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury slipped in both feet
 Nature of injury fell back struck head and dislocated cervical vertebrae

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) S. C. Slaughter, M. D.
491 (Address) Frederickton 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.

I. X12004

STATEMENT BY LICENSED EMBALMER

I, William B. O'Connor, Licensed Embalmer No. 3975

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

..... L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed William B. O'Connor

Licensed Embalmer No. 3975

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