

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 80

Registration District No. 273 Primary Registration District No. 5919

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Perry  
(b) City or town Rural Saline  
(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 88-10-24 (Specify whether \_\_\_\_\_)  
In this community \_\_\_\_\_ years, months or days

3. (a) PRINT FULL NAME Joseph S. Schulte  
3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced, Widowed  
6. (b) Name of husband or wife Sarah Schulte 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased December 26 1857  
(Month) (Day) (Year)

8. AGE: Years 88 Months 10 Days 24 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Perry Co. Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

MOTHER FATHER

11. Industry or business  
12. Name John Schulte  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Catherine Schumer  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Henry Schulte  
(b) Address St. Marys RFD Mo.  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-23-1946 (Month) (Day) (Year)  
(c) Place: burial or cremation St. Marys Mo.

18. (a) Signature of funeral director Young & Sons  
(b) Address Perryville Mo  
19. (a) 11-22-46 (Date received local registrar) (b) [Signature] Registrar's signature

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Perry  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 20  
year 1946 hour 9 minute 45 P. M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
Physician of Perry County, Mo. to \_\_\_\_\_  
Physician of Perry County, Mo. 19 \_\_\_\_\_ to 19 \_\_\_\_\_  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_ 19 \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Insufficiency of age  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) Natural  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? \_\_\_\_\_ (Specify type of place) (c) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) \_\_\_\_\_  
Address Perryville Mo Date signed 11-22-46

RECEIVED

Health Officer No. 4

Number 1146-289

11-25-46

**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 *Paul Young*

Licensed Embalmer No. 2138

P. O. Address *Perryville mo.*

**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.)**

If this body is not embalmed, fact should be so stated above.