S. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 18 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 37629

Registration District No. 116 — Primary Registration District No. 3020 — Registrar's No. 137

1. PLACE OF DEATH:

(a) County Franklin.
(b) City or town Washington. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 431 Stafford St. (If not in hospital or institution, write street number or location) 1
(d) Length of stay: In hospital or institution None. (Specify whether
In this community 71 yrs. years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Franklin 36
(c) City or town Washington 6 (If outside city or town limits, write "RURAL")
(d) Street No. 431 Stafford St. 2 (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country x 0

3. (a) PRINT FULL NAME John M. Schulte.
3. (b) If veteran, name war x
3. (c) Social Security No. None.
4. Sex Male 0
5. Color or race White
6. (a) Single, widowed, married, divorced Single 0
6. (b) Name of husband or wife x
6. (c) Age of husband or wife if alive x years
7. Birth date of deceased February (Month) 10th, (Day) 1876 (Year)

8. AGE: Years 71 | Months 8 | Days 19 | If less than one day ..... hr. ..... min.

9. Birthplace Washington. (City, town, or county) 0 Missouri. (State or foreign country)
10. Usual occupation Laborer.
11. Industry or business x

FATHER
12. Name Gerhard Schulte. 4
13. Birthplace Unknown. (City, town, or county) Germany. (State or foreign country)

MOTHER
14. Maiden name Anna Elizabeth Spreckelmeyer. 1
15. Birthplace Unkown, (City, town, or county) Germany. (State or foreign country) 4

16. (a) Informant Miss Rosa Schulte
(b) Address 431 Stafford St. Washington, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 31, 1947 (Month) (Day) (Year)
(c) Place: burial or cremation Washington, Mo.
18. (a) Signature of funeral director Nielburg & Vitt, Inc.
(b) Address Washington, Mo.
19. (a) 10/30/47 (Date received local registrar) (b) [signature] (Registrar's signature) UU

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 29th, year 1947 hour 4:00 minute A. M.
21. I hereby certify that I attended the deceased from Sept. 1943, 19..., to Oct. 29, 1947; that I last saw him alive on Oct 29, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Chr. myocarditis & chr. nephritis

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

Duration

PHYSICIAN
Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(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? (Specify type of place)
While at work? (e) Means of injury 0
23. Signature [signature] (M. D. or other)
Address Washington Mo Date signed Oct 29/47

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 17 1947

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 Jerome F. Swoboda, Registered Apprentice No. ~~[illegible]~~ 441, working under my personal supervision.

Signed A. K. Nieburg

Licensed Embalmer No. 2387

P. O. Address Washington, 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.