

FILED DEC 29 1947

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 165

2066

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

1. PLACE OF DEATH:  
(a) County Franklin  
(b) City or town Washington  
(c) Name of hospital or institution: St. Francis Hosp.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution one week  
In this community life  
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Herman H. Schulze  
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 Lydia Anna Schulze 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased Jan. 18, 1861  
(Month) (Day) (Year)

8. AGE: Years 86 Months 11 Days -- If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Warren County Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired merchant

11. Industry or business \_\_\_\_\_  
MOTHER FATHER { 12. Name Henry William Schulze  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Caroline Landwehr  
15. Birthplace unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Wm. H. Schulze  
(b) Address Warrenton, Mo.

17. (a) Burial (b) Date thereof 12-20-47  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation Warrenton, Mo.

18. (a) Signature of funeral director F. W. Nieburg & Co.  
(b) Address Warrenton, Mo.

19. (a) DEC 20 1947 (b) [Signature]  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Warren 109  
(c) City or town Warrenton 1  
(If outside city or town limits, write "RURAL") 0  
(d) Street No. \_\_\_\_\_ (If rural, give location) 1  
(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 18  
year 1947 hour 1:30 minute A M.

21. I hereby certify that I attended the deceased from 12-28-47 to 12-17-47, 1947  
that I last saw him alive on 12-17- 1947;  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis  
Paralytic Ileus  
Senility  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Of operations [Signature]  
Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_  
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) \_\_\_\_\_  
(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) (e) Means of injury \_\_\_\_\_  
23. Signature [Signature] (M. D. or other) [Signature]  
Address Warrenton, Mo. Date signed 12/18/47

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed 12/23/42

**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 John Shieburg  
Licensed Embalmer No. 3897  
P. O. Address Warrenton, Or

**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.