S. No. 2
M—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JAN 23 1948

Registration District No. _____

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 44259

Primary Registration District No. 5439

Registrar's No. 79

37 0 0

1. PLACE OF DEATH:

(a) County: Gasconade

(b) City or town: Rural Canaan Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: At her home 2mi. south of Owensville (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether In this community) 38 Years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Gasconade

(c) City or town: Rural (If outside city or town limits, write "RURAL")

(d) Street No.: 2Mi. south of Owensville (If rural, give location)

(e) Citizen of foreign country? No. (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME: Sophia Schulte

3. (b) If veteran, name war: *

3. (c) Social Security No.: *

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: August Schulte

6. (c) Age of husband or wife if alive: 72 years

7. Birth date of deceased: Dec. 30 1873 (Month) (Day) (Year)

8. AGE: Years 73 | Months II | Days 19 | If less than one day _____ hr. _____ min.

9. Birthplace: Drake (City, town, or county) Mo. (State or foreign country)

10. Usual occupation: House work

11. Industry or business _____

FATHER

12. Name: William Hobein

13. Birthplace: * (City, town, or county) Germany (State or foreign country)

MOTHER

14. Maiden name: Minnie Langenberg

15. Birthplace: * (City, town, or county) Germany (State or foreign country)

16. (a) Informant: August Schulte

(b) Address: Owensville Mo. Route 3

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Dec. 22 1947 (Month) (Day) (Year)

(c) Place: burial or cremation: Immanuel Pres. Cem.

18. (a) Signature of funeral director: Milford H. H. Winter

(b) Address: Owensville, Mo.

19. (a) Jan. 8, 1948 (Date received local registrar) (b) Dorothy Hackman (Registrar's signature) 21-2

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 19 year 1947 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from Dec. 16, 1947, to Dec. 19, 1947, that I last saw her alive on Dec. 19, 1947, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Cardiac Decompensation With Ascites	5 dys
Due to: Chronic Myocarditis	2 yrs
Due to:	
Other conditions: Arteriosclerosis (Include pregnancy within 3 months of death)	2 yrs

Major findings:
Of operations: None
Of autopsy: None

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? (Specify type of place)

While at work?

(e) Means of injury

23. Signature: Paul Brandt (M. D. or other)

Address: Owensville, Mo. Date signed 12-20-47

(Licensed Embalmer's Statement on Reverse Side)

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 Harvey Kahle, Registered Apprentice No. 9, working under my personal supervision.

Signed W.F. Gettenstroeter

Licensed Embalmer No. 1444

P. O. Address Owensville 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.