

FILED SEP 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31500

167

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 6051 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY St. Charles		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE: Missouri b. COUNTY: St. Charles	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" St. Charles Twsp		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN "Rural" St. Charles Twsp	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) R.R. 3	
d. FULL NAME OF HOSPITAL OR INSTITUTION R.R. 3			

3. NAME OF DECEASED (Type or Print) a. (First) Helena b. (Middle) M. c. (Last) Schulte			4. DATE OF DEATH (Month) (Day) (Year) September 14-1949		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED? (Specify) Widowed		8. DATE OF BIRTH October 17-1879		9. AGE (In years last birthday) 69		IF UNDER 1 YEAR Months		IF UNDER 2 HRS. Hours		IF UNDER 15 MIN. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (State or foreign country) St. Paul, Missouri				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
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13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME Elizabeth ??(unknown)			14. NAME OF HUSBAND OR WIFE Joseph Schulte deceased 1925					
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NIL		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jerome Schulte--St. Charles, Mo.							
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute left ventricular failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Hypertension DUE TO (c) Cardio-vascular Disease.										INTERVAL BETWEEN ONSET AND DEATH 30 min.	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.										Undet.	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION										20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from 6-18, 1948, to 9-14, 1949, that I last saw the deceased alive on 9-14, 1949, and that death occurred 11:45 Pm., from the causes and on the date stated above.

23a. SIGNATURE J.P. Mc Intire M.D.				23b. ADDRESS St. Charles, Mo.				23c. DATE SIGNED 9-16-49			
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Sept 17-1949		24c. NAME OF CEMETERY OR CREMATORY St. Peter Cemetery				24d. LOCATION (City, town, or county) (State) St. Charles, Missouri			
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DATE REC'D BY LOCAL REG. 9-21-49		REGISTRAR'S SIGNATURE James H. Havel				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS H. O. Hallmeyer & Sons Co 800 N. 2nd--St. Charles, Mo.			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

District File Number _____

District Health Officer No. 9

RECEIVED SEP 27 1919

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 4189

_____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Student Embalmer

Signed Joseph F. Landolt
Licensed Embalmer No. 4189

P. O. Address St Charles

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.