G. No. 300
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FILED MAR 28 1950

THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 10034

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6047 Registrar's No. 11

1. PLACE OF DEATH Gilmore Mo.
a. COUNTY St Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gilmore
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY St Charles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gilmore 920
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) Ferdinand b. (Middle) Theodore c. (Last) Schulte

4. DATE OF DEATH (Month) (Day) (Year) Feb 8 1950

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug 17-1877
9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months 6 Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) County Highway Dept.
10b. KIND OF BUSINESS OR INDUSTRY Road Work
11. BIRTHPLACE (State or foreign country) Gilmore Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME Frank Schulte
13b. MOTHER'S MAIDEN NAME Mary Weigman
14. NAME OF HUSBAND OR WIFE Agnes Hunsed Schulte

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 494-092167
17. INFORMANT'S SIGNATURE OR NAME Clarence Schulte ADDRESS Gilmore Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Skul~~ Skull fracture

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Gun shot wound
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH
E976 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Cuivre St. Charles Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-18-50 4 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? By Sanfact of his own hands

22. *I hereby certify that I attended the deceased from* held inquest Feb. 9, 1950 *, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Marvin Mushring Coroner (Degree or title)
23b. ADDRESS Wentzville Mo
23c. DATE SIGNED 2-10-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb 11-50
24c. NAME OF CEMETERY OR CREMATORY St. Patricks
24d. LOCATION (City, town, or county) (State) Wentzville Mo

DATE REC'D BY LOCAL REG. March 12 1950
REGISTRAR'S SIGNATURE Martin F. Aff 408
25. FUNERAL DIRECTOR'S SIGNATURE T. E. Pitman Funeral Home ADDRESS Wentzville Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

APR 22 1950

District File Number

RECEIVED MAR 25 1950
District Health Officer No. 9,

## 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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed _____
Student Embalmer

Signed Elmer R. Sadwell

Licensed Embalmer No. 4077

P. O. Address _____

**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.**