

FILED MAR 17 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9246
Registrar's No. 65

BIRTH NO. _____ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE <u>Missouri</u> COUNTY <u>St. Charles</u> <u>1920</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St. Peters, Dardenne</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>St. Peters, rural Dardenne</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION ---		d. STREET ADDRESS (If rural, give location) <u>on Hiway B, 5 mi. no. St. Peters</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Max</u>	b. (Middle)	c. (Last) <u>Schulte</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March 12, 1955</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>July 12, 1860</u>	9. AGE (In years) (last birthday) <u>94</u> (If under 1 year) (Months) <u>8</u> (If under 12 mos.) (Days) <u>0</u> (Hours) (Min.)
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Germany</u> <u>4</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Fredrick Schulte</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Elizabeth Schulte</u>
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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) <u>no.</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jos. Schulte, RR 1, St. Charles, Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Suere arteriosclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>1500</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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)	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 Jan 30, 1954, to March 12, 1955, that I last saw the deceased alive on 9-15, 1954, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold G. Mangall D.O.</u>	23b. ADDRESS <u>O'Fallon, Mo.</u>	23c. DATE SIGNED <u>Mar 14, 1955</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 15, 55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>All Saints</u>	24d. LOCATION (City, town, or county) (State) <u>St. Peters, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mar 14 - 55</u>	REGISTRAR'S SIGNATURE <u>E. A. Reichle</u> <u>280</u>	5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. Stehrater St. Peters, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Ellen Keethy

Licensed Embalmer No. 872

P. O. Address Fallon W

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.