0.300
0.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18229

FILED JUN 27 1955

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 5434 Registrar's No. 103

1. PLACE OF DEATH
a. COUNTY: Franklin.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hwy. 47, 3 mi. South of Washington, Mo. St. John Twp.
c. LENGTH OF STAY (in this place): 52 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hwy. 47, 3 mi. South of Washington, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri. b. COUNTY: Franklin.
c. CITY OR TOWN: Washington.
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 610 E. Third St. 0362

3. NAME OF DECEASED (Type or Print): a. (First) Alfred b. (Middle) L. c. (Last) Schulte

4. DATE OF DEATH (Month) June (Day) 23, (Year) 1955.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 24, 1902.
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months 9, Days 29 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cashier.
10b. KIND OF BUSINESS OR INDUSTRY: Bank of Washington.
11. BIRTHPLACE (City and State or Foreign Country): Washington, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: Frank Schulte.
13b. MOTHER'S MAIDEN NAME: Phillipine Heiser.
14. NAME OF WIFE: Julitta H. Schulte.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service): None.
16. SOCIAL SECURITY NO.: 494-07-5535
17. INFORMANT'S SIGNATURE OR NAME: Julitta H. Schulte ADDRESS: Washington, 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) Fractured Skull

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Lacerations over face and
DUE TO (c) body, Fractured legs.

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

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION E8165 26
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hwy # 47
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 036 (STATE) Washington Franklin Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 23 1955 5:30 P.M.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? In Auto-Bus accident.

22. I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 5:30 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Ernst L. Oltmann coroner
23b. ADDRESS: Gerald, Mo.
23c. DATE SIGNED: June 23, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 27, 1955.
24c. NAME OF CEMETERY OR CREMATORY: St. Francis Borgia Cemetery,
24d. LOCATION (City, town, or county) (State): Washington, Mo.

DATE REC'D BY LOCAL REG.: 6/24/55
REGISTRAR'S SIGNATURE: Z. E. Heidmann G. L. Heidmann 99-0
25. FUNERAL DIRECTOR'S SIGNATURE: Nilburg & Vitt, Inc. ADDRESS: Washington, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 20 1956

DEC 15 1956

JUL 6 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No. ✓

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Jerome F. Svoboda

Licensed Embalmer No. 45

P. O. Address Washing

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.