

FILED MAY 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17438

| | | | | | | | | | |
|---|------------------------|--|---|--|--|--|---|--|--|
| BIRTH NO. | | REG. DIST. NO. 310 | | PRIMARY REG. DIST. NO. 3058 | | Registrar's No. 1241 | | | |
| 1. PLACE OF DEATH a. COUNTY Saint Charles | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St. Chas. | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Charles | | c. LENGTH OF STAY (in this place) 50 yrs. | | c. CITY OR TOWN St. Charles | | d. Is Residence within limits of a city incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 1712 No. Second St. | | | | e. STREET ADDRESS (If rural, give location) 1712 North Second St. | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Julia | | | b. (Middle) M. | | c. (Last) Schulte | | 4. DATE OF DEATH (Month) (Day) (Year) May 21, 1956 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH April 11, 1873 | | 9. AGE (In years) (last birthday) 83 | 10. MONTH (Day) (Year) 1 10 | 11. IF UNDER 1 YEAR Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY own | | 11. BIRTHPLACE (City and State or Foreign Country) Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME Conrad Holtfoerester | | | 13b. MOTHER'S MAIDEN NAME unknown | | 14. NAME OF HUSBAND OR WIFE Victor Schulte | | | | |
| 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. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jake Arnold, St. Charles, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Passive Congestion of lung ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma - metastatic DUE TO (c) To lung & liver - unknown origin II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | INTERVAL BETWEEN ONSET AND DEATH 1 wk 1 mo | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 1999 | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 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) | | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | | | | | |
| 22. I hereby certify that I attended the deceased from Feb 1956, to May 20, 1956, that I last saw the deceased alive on May 17, 1956, and that death occurred at 8:45 AM, from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) William H. Poggendorf M.D. | | | | 23b. ADDRESS St. Charles, Mo. | | 23c. DATE SIGNED May 21, 1956 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE May 24, 1956 | 24c. NAME OF CEMETERY OR CREMATORY St. Peter's Cemetery | | 24d. LOCATION (City, town, or county) (State) Saint Charles, Mo. | | | | |
| 25. DATE REC'D BY LOCAL REG. May 21, 1956 | | REGISTRAR'S SIGNATURE Fannie Hammett | | 26. FUNERAL DIRECTOR'S SIGNATURE C. D. Dalmeyer | | ADDRESS St. Charles, Mo. | | | |

(Licensed Embalmer's Statement on Reverse Side)

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.....
Signature of Student Embalmer

Signed *Paul R. Amador*.....
Licensed Embalmer No. 49.....
P. O. Address *St. Ch...*.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**