No. 300
10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 35138

FILED NOV 13 1956

BIRTH NO. _____ REG. DIST. NO. 310 PRIMARY REG. DIST. NO. 3058 Registrar's No. 251

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1. PLACE OF DEATH
a. COUNTY: Saint Charles
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Saint Charles
c. LENGTH OF STAY (in this place): 4 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Joseph's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Charles
c. CITY OR TOWN: Cottleville
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0920 1

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

4. DATE OF DEATH (Month) (Day) (Year): Nov. 4, 1956

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 31, 1894
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months 5, Days 3 — IF UNDER 24 HRS.: 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: oqn
11. BIRTHPLACE (City and State or Foreign Country): Howell, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Thielmann
13b. MOTHER'S MAIDEN NAME: Margaret Graveman
14. NAME OF HUSBAND OR WIFE: Joseph M. 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: Joseph M. Schulte, Cottleville, 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): (1) acute nephritis (etiology) — INTERVAL BETWEEN ONSET AND DEATH: 1 week
ANTECEDENT CAUSES: (2) acute Hepatitis (unknown) — 1 week
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: Bowel obstruction
Conditions contributing to the death but not related to the disease or condition causing death. Gen. arterio sclerosis — 3 yrs

19a. DATE OF OPERATION: 10-26-56
19b. MAJOR FINDINGS OF OPERATION: Bowel obstruction (adhesiolysis) 5705
20. AUTOPSY? YES ☒ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-4-, 1955, *to* 11-4-, 1956, *that I last saw the deceased alive on* 11-4-, 1956, *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. [signature] MD
23b. ADDRESS: St Charles, Mo
23c. DATE SIGNED: November 7 1956

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Nov. 7, 1956
24c. NAME OF CEMETERY OR CREMATORY: St. Joseph's Cemetery
24d. LOCATION (City, town, or county) (State): Cottleville, Mo.

DATE REC'D BY LOCAL REG.: Nov 7 1956
REGISTRAR'S SIGNATURE: Fannie Hamilton
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: H. C. Dallmeyer & Sons, St. Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

284

DEC 11 1960

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Frank R Amalen

~~Licensed Embalmer No.~~ 48

P. O. Address St. Char

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.