STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

CITY OF SAN ANTONIO

STATE OF TEXAS — CERTIFICATE OF DEATH — STATE FILE NUMBER

Texas Department of Health—Bureau of Vital Statistics

1. NAME OF DECEASED (a) FIRST	(b) MIDDLE	(c) LAST	(d) MAIDEN	2. SEX	3. DATE OF DEATH
William	Warren	Schoolcraft		Male	Dec 18, 1997

4. DATE OF BIRTH	5. AGE (IN YEARS)	IF UNDER 1 YR. MO / DAYS	IF UNDER 1 DAY HOURS / MIN	6. BIRTHPLACE (CITY & STATE OR FOREIGN COUNTRY)	7. SOCIAL SECURITY NO.
April 08, 1910	87			Shelbyville, Indiana	305-42-3634

8. RACE	9a. WAS THE DECEDENT OF HISPANIC ORIGIN?	9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)	10. WAS DECEDENT EVER IN U.S. ARMED FORCES?	11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+))
Caucasian	☐ YES ☒ NO		☒ YES ☐ NO	12

12. MARITAL STATUS	13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	14a. DECEDENT'S USUAL OCCUPATION	14b. KIND OF BUSINESS OR INDUSTRY
☒ MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED	Evelyn Marie Hoeneke	H.R. Personnel	U.S. Air Force

15a. RESIDENCE STREET ADDRESS	15b. CITY OR TOWN
310 Burnside Drive	San Antonio

15c. COUNTY	15d. STATE	15e. ZIP CODE	15f. INSIDE CITY LIMITS
Bexar	Texas	78209-0000	☒ YES ☐ NO

16. FATHER'S NAME	17. MOTHER'S MAIDEN NAME
William Garfield Schoolcraft	Chloe Hawkins

18. PLACE OF DEATH (CHECK ONLY ONE)

HOSPITAL: ☒ INPATIENT ☐ ER/OUTPATIENT ☐ DOA | OTHER: ☐ NURSING HOME ☐ RESIDENCE ☐ OTHER (SPECIFY)

19. COUNTY OF DEATH	20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)	21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address)
Bexar	San Antonio	Northeast Baptist Hospital

22. INFORMANT — SIGNATURE & RELATIONSHIP	23. MAILING ADDRESS OF INFORMANT
Evelyn Schoolcraft Wife	310 Burnside Drive, San Antonio, TX 78209

24. METHOD OF DISPOSITION	25. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE)	25b.	29. NAME & ADDRESS OF FUNERAL HOME
☒ BURIAL ☐ CREMATION ☐ REMOVAL FROM STATE ☐ DONATION ☐ OTHER (SPECIFY)	Sunset Memorial Park 26. LOCATION (CITY, STATE) San Antonio, Texas 27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH Jennifer Hiatt #11182	Section Block Lot Crypt Space 1118-1119 B Unknown ☐ 28. DATE OF DISPOSITION 12/22/1997	Sunset Funeral Chapel 1701 Austin Highway San Antonio, TX 78218-1794

30. CERTIFIER

☒ CERTIFYING PHYSICIAN — TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.

☐ MEDICAL EXAMINER / ☐ JUSTICE OF THE PEACE — ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.

31. SIGNATURE & TITLE OF CERTIFIER	32. DATE SIGNED MO / DAY / YEAR	33. TIME OF DEATH
Valentin Salcher MD	12 / 29 / 97	1830 M.

34. PRINTED NAME & ADDRESS OF CERTIFIER

Valentin G. Salcher, M.D. 2455 N. E. Loop 410 #100, San Antonio, TX 78217-0000

WARNING — The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine of up to $10,000. (Health and Safety Code, Sec. 195, 1985)

35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.

CAUSE OF DEATH

IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. interstitial pulmonary fibrosis — DUE TO (OR AS A LIKELY CONSEQUENCE OF):

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST

b. — DUE TO (OR AS A LIKELY CONSEQUENCE OF):

c. — DUE TO (OR AS A LIKELY CONSEQUENCE OF):

d.

Approximate Interval Between Onset and Death

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)

36a. AUTOPSY?	36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
☐ YES ☒ NO	☐ YES ☒ NO

37. DID TOBACCO USE CONTRIBUTE TO DEATH	38. DID ALCOHOL USE CONTRIBUTE TO DEATH	39. WAS DECEDENT PREGNANT
☐ YES ☐ PROBABLY ☐ NO ☑ UNKNOWN	☐ YES ☐ PROBABLY ☑ NO ☐ UNKNOWN	AT TIME OF DEATH ☐ YES ☑ NO ☐ UNK WITHIN LAST 12 MO ☐ YES ☑ NO ☐ UNK

40. MANNER OF DEATH	41a. DATE OF INJURY	41b. TIME OF INJURY	41c. INJURY AT WORK	41d. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE ETC. (SPECIFY)
☑ NATURAL ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED		M.	☐ YES ☐ NO	

41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)

41f. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. SIGNATURE OF LOCAL REGISTRAR
0210374	JAN 05 1998	Fernanda Q. Flores

VS-112 REV. 9/95 5451 5

0003176823

This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED JAN 27 2020

Leticia M. Vacek
Local Registrar

THE STATE OF TEXAS

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

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ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

CITY OF SAN ANTONIO

STATE OF TEXAS — **CERTIFICATE OF DEATH** — **STATE FILE NUMBER**

Texas Department of Health — Bureau of Vital Statistics

1. NAME OF DECEASED (a) FIRST	(b) MIDDLE	(c) LAST	(d) MAIDEN	2. SEX	3. DATE OF DEATH
Evelyn	Marie	Schoolcraft	Hoeneke	Female	September 12, 2005

4. DATE OF BIRTH	5. AGE (IN YEARS)	IF UNDER 1 YR. MO / DAYS	IF UNDER 1 DAY HOURS / MIN	6. BIRTH PLACE (CITY & STATE OR FOREIGN COUNTRY)	7. SOCIAL SECURITY NO.
February 25, 1913	92			Converse, Texas	449-88-9045

8. RACE	9a. WAS THE DECEDENT OF HISPANIC ORIGIN?	9b. IF YES, SPECIFY (MEXICAN, CUBAN, PUERTO RICAN, ETC.)	10. WAS DECEDENT EVER IN U.S. ARMED FORCES?	11. EDUCATION (SPECIFY HIGHEST GRADE COMPLETED, ELEM. OR SECONDARY (0-12) COLLEGE (13-16, 17+)
Caucasian	☐ YES ☒ NO	N/A	☐ YES ☒ NO	6

12. MARITAL STATUS	13. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)	14a. DECEDENT'S USUAL OCCUPATION	14b. KIND OF BUSINESS OR INDUSTRY
☐ MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED	None	Homemaker	Domestic

15a. RESIDENCE STREET ADDRESS	15b. CITY OR TOWN
12127 Tiger Rd.	Helotes

15c. COUNTY	15d. STATE	15e. ZIP CODE	15f. INSIDE CITY LIMITS
Bexar	Texas	78023-4227	☒ YES ☐ NO

16. FATHER'S NAME	17. MOTHER'S MAIDEN NAME
Henry Otto Hoeneke	Thekla Dorethia Schraub

18. PLACE OF DEATH (CHECK ONLY ONE)

HOSPITAL: ☐ INPATIENT ☐ ER/OUTPATIENT ☐ DOA — OTHER: ☒ NURSING HOME ☐ RESIDENCE ☐ OTHER (SPECIFY)

19. COUNTY OF DEATH	20. CITY OR TOWN (IF OUTSIDE CITY LIMITS, GIVE PRECINCT NO.)	21. NAME OF HOSPITAL OR INSTITUTION (If not in institution, show street address)
Bexar	San Antonio	Regent Care

22. INFORMANT — SIGNATURE & RELATIONSHIP	23. MAILING ADDRESS OF INFORMANT
William Schoolcraft - Son	3851 W. Ammann Rd., Bulverde, TX 78163

24. METHOD OF DISPOSITION	25a. PLACE OF DISPOSITION (NAME OF CEMETERY, CREMATORY OR OTHER PLACE)	25b. Section / Block / Lot / Space / Unknown	29. NAME & ADDRESS OF FUNERAL HOME
☐ BURIAL ☐ CREMATION ☐ REMOVAL FROM STATE ☐ DONATION ☒ OTHER (SPECIFY) Entombment	Sunset Memorial Park	Maus II / / / 1118 B 2nd / ☐	Sunset Funeral Home 1701 Austin Highway San Antonio, Texas 78218
	26. LOCATION (CITY, STATE): San Antonio, Texas		
	27. SIGNATURE OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH: Don Dearing — Don Dearing #9045		
	28. DATE OF DISPOSITION: Sept. 15, 2005		

30. CERTIFIER

☒ CERTIFYING PHYSICIAN — TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE TIME, DATE, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.

☐ MEDICAL EXAMINER / ☐ JUSTICE OF THE PEACE — ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE TIME, DATE, PLACE, AND DUE TO THE CAUSE(S) AND MANNER AS STATED.

31. SIGNATURE & TITLE OF CERTIFIER	32. DATE SIGNED MO / DAY / YEAR	33. TIME OF DEATH
MD	09 / 16 / 2005	1:00 P. M.

34. PRINTED NAME & ADDRESS OF CERTIFIER: Matthew Roberson — 7622 Louis Pasteur Ste. #100, San Antonio, Texas 78229

WARNING: The penalty for knowingly making a false statement in this form can be ... years in prison and a fine of up to $10,000. (Health and Safety Code, Sec. 195, 198)

CAUSE OF DEATH

35. PART 1 ENTER THE DISEASES, INJURIES OR COMPLICATIONS THAT CAUSED THE DEATH. DO NOT ENTER THE MODE OF DYING SUCH AS CARDIAC OR RESPIRATORY ARREST, SHOCK, OR HEART FAILURE. LIST ONLY ONE CAUSE ON EACH LINE.

		Approximate Interval Between Onset and Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) →	a. DEMENTIA	1 YEAR
	DUE TO (OR AS A LIKELY CONSEQUENCE OF):	
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE *(disease or injury that initiated events resulting in death)* LAST	b.	
	DUE TO (OR AS A LIKELY CONSEQUENCE OF):	
	c.	
	DUE TO (OR AS A LIKELY CONSEQUENCE OF):	
	d.	

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART 1 (i.e., substance abuse, diabetes, smoking, etc.)	36a. AUTOPSY?	36b. AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH?
	☐ YES ☒ NO	☐ YES ☑ NO

37. DID TOBACCO USE CONTRIBUTE TO DEATH	38. DID ALCOHOL USE CONTRIBUTE TO DEATH	39. WAS DECEDENT PREGNANT
☐ YES ☐ PROBABLY ☑ NO ☐ UNKNOWN	☐ YES ☐ PROBABLY ☑ NO ☐ UNKNOWN	AT TIME OF DEATH ☐ YES ☑ NO ☐ UNK; WITHIN LAST 12 MO ☐ YES ☑ NO ☐ UNK

40. MANNER OF DEATH	41a. DATE OF INJURY	41b. TIME OF INJURY	41c. INJURY AT WORK	41d. PLACE OF INJURY — AT HOME, FARM, STREET, FACTORY, OFFICE, ETC. (SPECIFY)
☒ NATURAL ☐ ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ PENDING INVESTIGATION ☐ COULD NOT BE DETERMINED		M.	☐ YES ☐ NO	

41e. LOCATION (STREET AND NUMBER, CITY OR TOWN, STATE)

41f. DESCRIBE HOW INJURY OCCURRED

42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. SIGNATURE OF LOCAL REGISTRAR
02 08415	SEP 22 2005	

VS-112 REV. 9/98

0003176824

This is a true and correct copy of the record as registered in the State of Texas. Issued under the authority of Section 191.051, Health and Safety Code.

ISSUED JAN 27 2020

Leticia M. Vacek
Local Registrar

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THE STATE OF TEXAS

Banknote Corporation of America

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160

AFF. No. 12175

THE STATE OF TEXAS, No. 112492
COUNTY OF BEXAR

TO ANY REGULARLY LICENSED OR ORDAINED MINISTER OF THE GOSPEL, JEWISH RABBI, JUDGE OF THE DISTRICT COURT, JUDGE OF THE COUNTY COURT, OR JUSTICE OF THE PEACE:

YOU, or either of you, are hereby authorized to SOLEMNIZE OR JOIN in the Holy Union of Matrimony William W. Schoolcraft 26 and Evelyn M. Hoeneke 24 in accordance with the Laws of this State, and that you make due return of this, your authority, to my office, in sixty days from date hereof certifying how you have executed the same.

GIVEN UNDER MY HAND and the seal of the County Court of Bexar County, this 8th day of March, A.D. 1937

Albert G. Trauvalter
County Clerk, Bexar County.

Seal Received by William W. Schoolcraft By Lisa H. Wernette, Deputy
Date Dec. 1, 1944

The foregoing License executed by me, joining the within named parties in the HOLY UNION OF MATRIMONY, this the 10th day of March, 1937

Alice Hoeneke
Lucile Rennert
WITNESSES:

St. Paul's Evangelical Church
R. F. Kuretsch Pastor

RETURNED the 11th day of March, 1937.

A TRUE COPY OF THE ORIGINAL, Recorded, this the 11th day of March, 1937

Albert G. Trauvalter, Clerk
By Lisa H. Wernette, Deputy