

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

1. PLACE OF DEATH

37 County Gasconade Registration District No. 999
Township Third Creek Primary Registration District No. 5419
City (No) _____ Ward _____

File No. 39194
Registered No. _____ St. _____ Ward _____

2. FULL NAME Herman Carl Schalk

(a) Residence, No. _____ St., _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 23 - 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
55 9 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 237
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany 10

13. NAME Carl Schalk

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Caroline Tomnitz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Truster Schalk
(ADDRESS) Wrensville, Mo. R.R. 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Wollam Mo DATE Dec. 11 - 1932

19. UNDERTAKER W. F. Gottenstrater
(ADDRESS) Wrensville, Mo.

20. FILED 12-10-32 37 R. Price
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-8, 1932

22. I HEREBY CERTIFY, That I attended deceased from 8-18, 1932, to 12-8, 1932

I last saw him alive on 12-2, 1932. Death is said to have occurred on the date stated above, at 2:00 p.m.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Stomach Date of onset 3-5-31

116B

46B

Stomach

Other contributory causes of importance:

Name of operation _____ Date of _____
What test confirmed diagnosis? 2 Reg Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19 _____
Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) Edwin Mellis M. D.
(Address) Wrensville, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

JAN 23 1933

