

1938 AUG 26

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

Do not use this space.

1. PLACE OF DEATH

County St. Charles  
Township Wentzville  
City Wentzville (No. ....)

Registration District No. 700  
Primary Registration District No. 100

File No. 26356  
Registered No. 8  
St. .... Ward

2. FULL NAME

(a) Residence, No. .... St. .... Ward.  
(Usual place of abode)

Length of residence in city or town where death occurred 77 yrs. 8 mos. 10 ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 2-1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
77 8 10

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
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) Wentzville, Mo.

13. NAME William Schummer

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know, Mo.

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know, Mo.

17. INFORMANT (ADDRESS) George Wilber, 102 E. ... Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Mills DATE 7-14 1938

19. UNDERTAKER (ADDRESS) Wentzville, Mo.

20. FILED July 15 1938 O. A. Mulm Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1938

22. I HEREBY CERTIFY, that I attended deceased from May 1 1938, to July 12 1938. Death is said to have occurred on the date stated above, at 2:30 P.M. The principal cause of death and related causes of importance were as follows:

Apoplexy  
Date of onset May 1/38

Other contributory causes of importance: arteriosclerosis 2 yrs

Name of operation None Date of .....  
What test confirmed diagnosis? Physic Was there an autopsy? No

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. Home

Manner of injury Self-inflicted  
Nature of injury Self-inflicted

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

(Signed) W. B. Schummer, M. D.  
(Address) Wentzville, Mo.

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.



FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

26306  
Do not use this space.

1. PLACE OF DEATH  
 (a) County St Charles Registration District No. 759  
 (b) Township Callaway Primary Registration District No. 6000  
 (c) City..... (d) Street No..... Registered No. 8  
 (e) Length of residence in city or town where death occurred yrs. mos. - ds. (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William (Schemmer) ?  
 (a) Residence, No.                      St.                       
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF                     

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)                     

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>77</u>	<u>8</u>	<u>10</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired farmer

9. Industry or business in which work was done, as saw mill, bank, etc.                     

10. Date deceased last worked at this occupation (month and year)                      11. Total time (years) spent in this occupation 2

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

13. NAME                     

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

15. MAIDEN NAME                     

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

17. INFORMANT (ADDRESS)                     

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE                      DATE                      19

19. FUNERAL DIRECTOR (ADDRESS)                     

20. FILED July 13 1939 O. A. Melton  
 Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 12 1939

22. I HEREBY CERTIFY, That I attended deceased from                      19                     to                      19                    

I last saw him                      alive on                     , 19                    . Death is said to have occurred on the date stated above, at                      m.

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

Other contributory causes of importance:  
                    

Name of operation                      Date of                     

What test confirmed diagnosis?                      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?                       
 If so, specify                     

(Signed) E. B. Kenaras, M. D.  
 (Address) Wentzville

SUPPLEMENTARY

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

