

NOV 9 1938

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

34884
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kennett Primary Registration District No. 1007
 (c) City Kennett (d) Street No. 1007 Registered No. 4220
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. Joseph Hospital
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 424 John O Schlegel 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

3. SEX M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Schlegel
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 2 - 1888
 7. AGE YEARS 50 MONTHS 5 DAYS 25 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. U.S. Veterinarian
 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 24 yrs

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 27, 1938
 22. I HEREBY CERTIFY, That I attended deceased from Oct. 25, 1938 to Oct. 27, 1938
 I last saw him alive on Oct. 26, 1938 Death is said to have occurred on the date stated above, at 5:49 p.m.
 The principal cause of death and related causes of importance were as follows:

Dissecting aneurysm of arch of aorta Date of onset 11/25/38
96

Other contributory causes of importance:
Chronic nephritis & Hypertension

Name of operation _____ Date of _____
 What test confirmed diagnosis: Autopsy Was there an autopsy? yes

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) G. Remley, M. D.
 (Address) 832 Argyle Bldg.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 FATHER 13. NAME John Schlegel
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ger
 MOTHER 15. MAIDEN NAME Ida Gaffron
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
 17. INFORMANT Hugo Schlegel
 (ADDRESS) 2411 E. 14
 18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Oct 29 38
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C. Foster
Kenett Mo
 20. FILED Oct 28 1938 M. W. Crowe
Ch 7291 Local Registrar.

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.

*Miss Virginia ...
and ...*

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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 this body is not embalmed, above space should be left blank.