

D. G. Schatz

REC'D APR 13 1939

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

12099
Do not use this space.

1. PLACE OF DEATH

3

(a) County St. Charles Registration District No. 157
(b) Township St. Charles Primary Registration District No. 5998
(c) City St. Charles (d) Street No. Emmaus Place St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

Registered No. 43

2. PRINT FULL NAME Phyllis Jehu

(a) Residence, No. Emmaus Place, St. Charles, Mo. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1925

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
13 9 16

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dayton, Ohio

FATHER 13. NAME Nicholas H. Jehu

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Ohio

MOTHER 15. MAIDEN NAME Vera Fritschel

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Springfield, Ohio

17. INFORMANT (ADDRESS) Theophil Staebert, St. Charles, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Roberts Tunnel DATE March 30, 1939

19. FUNERAL DIRECTOR (NAME) H. C. Dellmeyer & Sons (ADDRESS) St. Charles, Mo.

20. FILED 3/30 19 39 Clarence H. Nessler Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 29, 1939

22. I HEREBY CERTIFY, That I attended deceased from Dec 9, 1935 to March 29, 1939. I last saw him alive on Mar 28, 1939. Death is said to have occurred on the date stated above, at 4:50 P.m. The principal cause of death and related causes of importance were as follows:

Ulcers of Stomach, Mar 18, 1939
Date of onset
Ileus
Life

Name of operation none Date of
What test confirmed diagnosis? Biopsy 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.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) A. P. Erich Schuyler
St. Charles, Mo. (Address)

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.

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.