

REC'D MAY 22 1939

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

16279
Do not use this space.

1. PLACE OF DEATH *2*
(a) County *Scott* Registration District No. *814*
(b) Township *Meredon* Primary Registration District No. *6263*
(c) City _____ or _____ (d) Street No. _____ 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Erma Haster*
(a) Residence, No. *Benton Mo R 75* St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *Female* 4. COLOR OR RACE *white* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *married*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov. 7-1885*

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<i>53</i>	<i>5</i>	<i>2</i>	

OCCUPATION

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

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

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) *Scott County Missouri*

FATHER

13. NAME *John Schlitt*

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

MOTHER

15. MAIDEN NAME *Louisa Schorn*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Scott Co Mo*

17. INFORMANT (ADDRESS) *Chas. Haster*
13 Benton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE *Benton Mo*
St. Ann's Conv April 11 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) *J. S. Heisserer Co*
St Louis Mo

20. FILED *4-10 1939* *U. P. Haw*
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 9th 1939*

22. I HEREBY CERTIFY, That I attended deceased from *April 8 1939*, to *April 9 1939*
I last saw her alive on *April 8 1939* Death is said to have occurred on the date stated above, at *10 A.M.*
The principal cause of death and related causes of importance were as follows:
Coronary occlusion
Complicating Arterio Sclerosis with
Chronic nephritis

Other contributory causes of importance: *131*

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) *M. P. Haw* M. D.
1 Benton Mo
734 (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.

I X18605

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.