

WHILE FADING, WITH UNFADING INK... THIS IS A PERMANENT RECORD

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.

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

REC'D JUL 6 1939

22911
Do not use this space.

1. PLACE OF DEATH *Perry* 2
 (a) County *Perry* Registration District No. *657*
 (b) Township *Seymour* Primary Registration District No. *5874*
 (c) City _____ (d) Street No. _____ Registered No. *7*
 (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 *451 Stillbirth Mal Jovin Schlimpert (SCHLIMPERT)*
 (a) Residence, No. _____ St. (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) *Single*
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *June 19, 1939*
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
No No No
 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. *None*
 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) *Wittenberg Mo.*
 FATHER
 13. NAME *Oscar Jacob Schlimpert*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Attenberg Mo.*
 MOTHER
 15. MAIDEN NAME *Irma Marie Schlimpert*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Wittenberg Mo.*
 17. INFORMANT (ADDRESS) *Oscar J. Schlimpert Wittenberg, Mo.*
 18. BURIAL, CREMATION, OR REMOVAL PLACE *Attenberg Cemetery 6-19-39*
 19. FUNERAL DIRECTOR (ADDRESS) *None*
 20. FILED *6-19-39* *Adolph Schmidt* Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *June 19, 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:
Stillborn
 Date of onset _____
 Other contributory causes of importance *Toxemia of Pregnancy*
 Name of operation _____ Date of _____
 What test confirmed diagnosis? *Spec. Anal.* 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) *Theodore Fischer*, M. D.
 (Address) *Attenberg, Mo.*

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____

_____ L. E.

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed _____

_____ Licensed Embalmer No. _____

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.)