FILED MAY 15 1940

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

13149
Do not use this space.

1. PLACE OF DEATH

(a) County ..... Registration District No. 791

(b) Township ..... Primary Registration District No. 1003 Registered No. 3351

(c) or City St Louis Mo (d) Street No. Frisco Hospital 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 300 Leo G. Schott

(a) Residence, No. 1716 N. Billin Okla City Okla St. NR
(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: Male
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: Mrs L. G. Schott

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 2, 1879

7. AGE: Years 60 Months 4 Days 9 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Car Inspector
9. Industry or business in which work was done, as saw mill, bank, etc.: Frisco R.R.
10. Date deceased last worked at this occupation (month and year): 702-07-5510
11. Total time (years) spent in this occupation: .....

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

FATHER
13. NAME: A. Schott
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

MOTHER
15. MAIDEN NAME: Mary Pifher
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

17. INFORMANT (ADDRESS): Mrs Cora Schott Oklahoma City, Okla.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Okla. City, Okla DATE 19

19. FUNERAL DIRECTOR (NAME) (ADDRESS): Albert H. Hoppe 4700 Washington, Av.

20. FILED APR 12 1940 19 J. F. Brudeck Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4/11/40, 19

22. I HEREBY CERTIFY, That I attended deceased from 4/1/40, 19, to 4/11/, 1940
I last saw him alive on 4/11/40, 19. Death is said to have occurred on the date stated above, at 4 PM.
The principal cause of death and related causes of importance were as follows:

Acute appendicitis with appendicial abscess

Date of onset

Other contributory causes of importance:
Abscess of liver + multiple abscesses Rt. lung

Name of operation: Appendectomy Date of 1/8/40
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? No
If so, specify .....
(Signed) Hugh Haynes Jr, M. D.
(Address) 4760 Laclede

(Licensed Embalmer's Statement on Reverse Side)

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.....2971.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp with the above constitutes grounds for revocation of license.)

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