

Registration District No. **257**

Primary Registration District No. **3036**

Registrar's No. **179**

1. PLACE OF DEATH:

(a) County St. Charles
 (b) City or town St. Charles
 (c) Name of hospital or institution: St. Joseph's Hospital
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 14 days
 (Specify whether

In this community
years, months or days)

3. (a) PRINT FULL NAME Arnold SchieJeger **SCHIEJEGER 3216**

3. (b) If veteran, name war _____ 3. (c) Social Security No. NONE

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased: April 27th, 1869
(Month) (Day) (Year)

8. AGE: Years 71 Months 2 Days 4 If less than one day _____ hr. _____ min.

9. Birthplace Herrman Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business _____

12. Name Frank SchieJeger

13. Birthplace Switzerland
(City, town, or county) (State or foreign country)

14. Maiden name Mary Blisk

15. Birthplace Herrman
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature C. T. Halverson

(b) Address St. Charles Mo

17. (a) Burial (b) Date thereof July 25, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Herrman Mo

18. (a) Signature of funeral director Hugo J. Bleumer

(b) Address Herrmann Mo

19. (a) 7/23/40 (b) Clarence B. Thesler
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
 (c) City or town Herrmann
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23
year 1940 hour 5 minute 30 A. M.

21. I hereby certify that I attended the deceased from July 10, 1940, to July 23, 1940
that I last saw him alive on July 23, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia (terminal) Duration 3 days

Due to _____

Due to _____

Other conditions Purpura anura 6 months?
(Include pregnancy within 6 months of death)

Major findings: generalized arteriosclerosis PHYSICIAN _____
Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
 _____ (Specify type of place) (e) Means of injury _____

While at work? _____
 23. Signature George E. Kister (M. D. or other) MD
 Address St. Charles, Mo Date signed 7/23/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE 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

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..... *Arthur C. Bane*.....

Licensed Embalmer No. *3155*.....

P. O. Address *St Charles Mo*.....

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.