No. 2
4-13-40
-17-39
X2313

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 31408

Registration District No. 85 — Primary Registration District No. 1001 — Registrar's No. 960

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph
(If outside city or town limits, write "RURAL" and name of township)
(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: 2 days (Specify whether years, months or days)
In this community: 30 years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph
(If outside city or town limits, write "RURAL")
(d) Street No.: 1715 Bellevue
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 30 years.

3. (a) PRINT FULL NAME: Antone Schlachter
3. (b) If veteran, name war: None
3. (c) Social Security No.: 488-14-7134
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Widowed
6. (b) Name of husband or wife: Teresa Schlachter
6. (c) Age of husband or wife if alive: — years
7. Birth date of deceased: January (Month) 8, (Day) 1866 (Year)

8. AGE: Years 74 | Months 7 | Days 24 | If less than one day: hr. min.

9. Birthplace: Unknown (City, town, or county) Hungary (State or foreign country)
10. Usual occupation: Tailor
11. Industry or business: Townsend Clothing Co.
FATHER
12. Name: John Schlachter
13. Birthplace: Unknown (City, town, or county) Hungary (State or foreign country)
MOTHER
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: J. J. Farkas
(b) Address: 1116 S. 17th Str. St. Joseph, Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Sept. 5, 1940 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery.
18. (a) Signature of funeral director: H. O. Sidenfaden & Son
(b) Address: 1802 Union Str. St. Joseph, Mo.
19. (a) Sep 3 1940 (Date received local registrar) (b) [signature] (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 2nd year: 1940 hour: 11 minute: 35 P. M.
21. I hereby certify that I attended the deceased from Jan 22, 1925, to Sept 2, 1940; that I last saw him alive on Sept. 2, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic mitral stenosis	15 yrs
Due to: Chronic glomerulonephritis	3 yrs
Due to:	
Other conditions (Include pregnancy within 3 months of death):	

Major findings: Of operations: Of autopsy: none

PHYSICIAN — Underline the cause to which death should be charged statistically.

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)
While at work?
(e) Means of injury:

23. Signature: Gustav Stair (M. D. or other) MD
Address: Kirkpatrick Bldg St Joseph Date signed: 9-5-40

(Licensed Embalmer's Statement on Reverse Side)

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 Elbert B. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph, Mo.

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

If this body is not embalmed, fact should be so stated above.