DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 37446

Registration District No. 7911

Primary Registration District No. 1003

Registrar's No. 9719

FILED DEC 11 1940

**1. PLACE OF DEATH:**

(a) County

(b) City or town St Louis, Mo
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
BARNES HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Illinois (b) County

(c) City or town Carmi NR
(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.

3. (a) PRINT FULL NAME Goldie Waldo Schauberger

3. (b) If veteran S. S. 264-09-6301 name war No

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 Aug (Month) 26 (Day) 1911 (Year)

8. AGE: Years 29 Months 3 Days 1 If less than one day hr. min.

9. Birthplace Carmi (City, town, or county) Ill. (State or foreign country)

10. Usual occupation Tinner

11. Industry or business

FATHER
12. Name OTTO Schauberger
13. Birthplace Carmi (City, town, or county) Ill (State or foreign country)

MOTHER
14. Maiden name Chlotilda Plock
15. Birthplace Wadesville (City, town, or county) IND. (State or foreign country)

16. (a) Informant's own signature Mrs Chlotilda Schauberger
(b) Address Puntagorda Florida

17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 11-27-1940 (Month) (Day) (Year)
(c) Place: burial or cremation FLORIDA

18. (a) Signature of funeral director Walton & Stein
(b) Address Carmi, Ill

19. (a) NOV 27 1940 (Date received local registrar) (b) J. F. Bradley (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov day 27 year 1940 hour 2 05 minute A M.

21. I hereby certify that I attended the deceased from Nov 21, 1940, to Nov 27, 1940; that I last saw him alive on Nov 27, 1940; and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Failure of central circulatory regulation | |
| Due to Brain tumor (cystic benign) (Craniopharyngioma) | |
| Due to | |
| Other conditions (Include pregnancy within 3 months of death) | |
| Major findings: Of operations As above | |
| Of autopsy As above | |

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 F R Bradley (M. D. or other)
Address BARNES HOSPITAL Date signed

(Licensed Embalmer's Statement on Reverse Side)

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.

I X19511

## 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.....John Ketter.....

Licensed Embalmer No.....3850.....

P. O. Address.....St Louis, 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.**