

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

**44031**  
Do not use this space.

**JAN 23 1941**

**1. PLACE OF DEATH**

(a) County Scott Registration District No. 720

(b) Township Sylvan Primary Registration District No. 4067

(c) City ORAN (d) Street No. 1496 Registered No. \_\_\_\_\_

(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** Florian<sup>O</sup> Schott.

(a) Residence, No. Scott County ORAN, Mo. (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)** Single

**5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF** \_\_\_\_\_

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** Mar. 4, 1865

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ..... hrs. or ..... min.
	<u>75</u>	<u>9</u>	<u>10</u>	

**8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.** laborer

**9. Industry or business in which work was done, as saw mill, bank, etc.** \_\_\_\_\_

**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)** Alsace-Lorraine, France

FATHER	13. NAME	
	<u>Don't Know</u>	<u>7</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	<u>Don't Know</u>	<u>9</u>
MOTHER	15. MAIDEN NAME	
	<u>Don't Know</u>	<u>9</u>
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
17. INFORMANT <u>J. H. Wagner</u> (ADDRESS) <u>ORAN Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>ORAN Mo</u> DATE <u>12-16 1940</u>		
19. FUNERAL DIRECTOR (NAME) <u>T. S. Heisserer Co.</u> (ADDRESS) <u>ORAN Mo</u>		
20. FILED <u>Jan 6 1941</u> <u>W. P. Liehman</u> Local Registrar.		

**MEDICAL CERTIFICATE OF DEATH**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** 12-14 1940

**22. I HEREBY CERTIFY, That I attended deceased from** 11-24 1940 to 12-14 1940

I last saw him alive on 11-14 1940 Death is said to have occurred on the date stated above, at 6 P. m.

The principal cause of death and related causes of importance were as follows:

Influenza Date of onset 11-20-40

Other contributory causes of importance: Senility 11B

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ 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) Edward N. Loest M. D. (Address) Box 208, ORAN, Mo.

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.

RECEIVED

District Health Officer

District File Number 141

Date Filed 1/19

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**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.....

P. O. Address.....

**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.**