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MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 10465
Registrar's No. 101

APR 10 1941

Registration District No. 213

Primary Registration District No. 3014

1. PLACE OF DEATH:

(a) County Cole
(b) City or town Jefferson City
(c) Name of hospital or institution:
1015 W. Dunklin
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 Years / (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole
(c) City or town Jefferson City
(If outside city or town limits, write "RURAL")
(d) Street No. 1015 W. Dunklin
(If rural, give location)
(e) If foreign born, how long in U. S. A.? Life years.

3. (a) PRINT FULL NAME WILLIAM SCHULLER

3. (b) If veteran, name war XX 3. (c) Social Security No. XX

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

6. (b) Name of husband or wife Mary Katherine Loethen 6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 17, 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 3 8 hr. min.

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

10. Usual occupation Custodian

11. Industry or business Maintainance

12. Name William Schuller

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

14. Maiden name Mary Depenrink

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

16. (a) Informant Mrs Mary Bowen

(b) Address Jefferson City, Mo.

17. (a) Burial (b) Date thereof 3/29/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters, J.C. Mo.

18. (a) Signature of funeral director John F. Heine

(b) Address Jefferson City, Mo.

19. (a) 3/24/41 (b) D. B. Spedon
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 26th.
year 1941 hour 5:15 minute A. M.

21. I hereby certify that I attended the deceased from July
nineteenth, 1939, to March 25th, 1941,
that I last saw him alive on March 25th, 1941,
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma Pancreas
with Metastasis

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death)

Major findings: 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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature Chas. H. ... (M. D. or other) J. M. A.
Address Jefferson City, Missouri Date signed 3/29/41

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

MOTHER FATHER

26
4

469

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Albert E. White*

Licensed Embalmer No..... *4168*

P. O. Address..... *712 E. High*

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, fact should be so stated above.

Jefferson City