

No. 2
-4-41
17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MAY 23 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 15523

Registration District No. 689

Primary Registration District No. 3033

Registrar's No.

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Louisiana
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Pike Co. Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 5 days
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Pike
(c) City or town RFD Louisiana
(If outside city or town limits, write "RURAL")
(d) Street No. RFD (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Emanuel Henry Schuster
3. (b) If veteran, name war No
3. (c) Social Security No. non

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Mamie Huff Schuster
6. (c) Age of husband or wife if 65 years
7. Birth date of deceased 18-1863
(Month) (Day) (Year)

8. AGE: Years 78 Months 3 Days 9
If less than one day
hr. min.

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

10. Usual occupation Blacksmith

11. Industry or business

MOTHER FATHER { 12. Name Unknown
13. Birthplace 9
(City, town, or county) (State or foreign country)
14. Maiden name 9
15. Birthplace 9
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs E H Schuster
(b) Address RFD Louisiana Mo
17. (a) Buried (b) Date thereof 4-29-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Providence Pike Mo

18. (a) Signature of funeral director E. Schuster
(b) Address Louisiana Mo RFD
19. (a) 4/28/41 (b) E. Schuster
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day 27
year 1941 hour 8 minute 30 P.M.
21. I hereby certify that I attended the deceased from March 22
1941 to April 27 1941

that I last saw him alive on April 27 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial degeneration Duration 6 yrs
Due to Hypertensive heart disease 15 yrs.

Due to
Other conditions (include pregnancy within 3 months of death) 9 2 7

Major findings:
Of operations
Of autopsy
Underline the cause to which death should be charged etiologically.

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 Eugene Pitts II, M.D. (M. D. or other)
Address Louisiana Mo Date signed 4/28/41

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

RECEIVED

District Health Officer No. 10

District File Number 5-41-1023

Date Filed MAY 20 1941

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.....

working under my personal supervision.

George O. Wagner

Registered Apprentice No.

Signed

George O. Wagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, La

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.