S. No. 2
—11-10-39
. 5-17-39
I X21492

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 12 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 17773

Registration District No. 5422 Primary Registration District No. 305 Registrar's No. 12

1. PLACE OF DEATH:

(a) County GASCONADE

(b) ~~City or town~~ RURAL CENSUS

(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /

(If not in hospital or institution, write street number or location)

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

In this community 68 YEARS

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County GASCONADE

(c) City or town RURAL

(If outside city or town limits, write "RURAL")

(d) Street No. Owensville Mo. RH 1

(If rural, give location)

(e) If foreign born, how long in U. S. A.? 73 years.

3. (a) PRINT FULL NAME HERMANN LOUIS SCHLOTTACH

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced WIDOWER

6. (b) Name of husband or wife WILHELMINA SCHLOTTACH

6. (c) Age of husband or wife if alive DEAD years

7. Birth date of deceased NOVEMBER (Month) 4 (Day) 1848 (Year)

8. AGE: Years 92 Months 6 Days 26 If less than one day hr. min.

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

10. Usual occupation BLACKSMITH

11. Industry or business

FATHER 12. Name WILLIAM SCHLOTTACH

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

MOTHER 14. Maiden name CHARLOTTE BIERR

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

16. (a) Informant E. W. Schlottach

(b) Address Owensville Mo. R 1

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 6- 2- 1941 (Month) (Day) (Year)

(c) Place: burial or cremation St James Ev. Cemetery NEAR DRAKE Mo

18. (a) Signature of funeral director W. F. Gottenstreiter

(b) Address Owensville Mo

19. (a) May 31 at 1941 (Date received local registrar) (b) Robert M. Murray (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 30th 1941 year hour 7 minute 45 P. M.

21. I hereby certify that I attended the deceased from Sept. 10th 1935 to May 30th 1941 that I last saw him alive on May 28th 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 5 Years

Due to Excessive use of Tobacco

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy No

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? (c) Means of injury

23. Signature E. G. Rhodius (M. D. or other)

Address Bay Mo Date signed 5/31/41

(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 me

....., Registered Apprentice No.....

working under my personal supervision.

Signed W. G. Gottenstroeter

Licensed Embalmer No. 1444

P. O. Address Owensville, Mo.

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

If this body is not embalmed, above space should be left blank.