No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED NOV 19 1941

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 35910

Registration District No. 737 | Primary Registration District No. 3036 | Registrar's No. 206

1. PLACE OF DEATH:
(a) County: St. Charles
(b) City or town: St. Charles (Cities)
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: Thirteen days (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: St. Charles
(c) City or town: St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No.: 132 N. Second St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME: Mrs. Minnie Black

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband ~~or wife~~: Walter Frederick Black

6. (c) Age of husband ~~or wife~~ if alive: 46 years

7. Birth date of deceased: March (Month) 25 (Day) 1896 (Year)

8. AGE: Years 45 | Months 6 | Days 27 | If less than one day ____ hr. ____ min.

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

10. Usual occupation: Housewife

11. Industry or business

FATHER
12. Name: Gilbert Schellenhamer
13. Birthplace: Harrisburg (City, town, or county), Pennsylvania (State or foreign country)

MOTHER
14. Maiden name: Nancy Catherine Ziegelet
15. Birthplace: Warren County (City, town, or county) Mo. (State or foreign country)

16. (a) Informant: Walter Frederick Black
(b) Address: 132 N. Second, St. Charles, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 24 - 1941 (Month) (Day) (Year)
(c) Place: burial or cremation: Oak Grove Cem., St. Charles, Mo.

18. (a) Signature of funeral director: W. C. Dallmeyer & Sons Co.
(b) Address: 210 N. Second, St. Charles, Mo.

19. (a) 10-23-41 (Date received local registrar) (b) Clarence G. Kessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22 year 1941 hour 9 minute A. M.

21. I hereby certify that I attended the deceased from Jan. 29, 1941, to Oct. 22, 1941; that I last saw her alive on Oct. 22, 1941; and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary Thrombosis	Duration
Due to:	
Due to:	
Other conditions (Include pregnancy within 3 months of death): 94	
Major findings: Of operations:	
Of autopsy:	

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: O. A. Powers (M. D. or other) M.D.
Address: 106 Washington Date signed: 10/22/41
St. Charles, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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 E. Dallmeyer

Licensed Embalmer No. 2757

P. O. Address St Charles Mo

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

If this body is not embalmed, fact should be so stated above.