

FILED MAR 16 1942

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

7491

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 668
 (b) Township Sidalia Primary Registration District No. 3032
 (c) City Sidalia (d) Street No. 1 Registered No. 85
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 3 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 1204 E. 10th St. 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 Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Krochen
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 5 1882
 7. AGE YEARS 53 MONTHS 6 DAYS 22 If LESS than 1 day,hrs. ormin.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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) Morgan Co (STATE OR COUNTRY) Missouri

13. NAME Henry Schilken

14. BIRTHPLACE (CITY OR TOWN) Spermanys (STATE OR COUNTRY) Germany

15. MAIDEN NAME Rebecca B. Schilken

16. BIRTHPLACE (CITY OR TOWN) Germany (STATE OR COUNTRY) Germany

17. INFORMANT (ADDRESS) Mrs. Lillian E. Schilken
Sweet Springs Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithton DATE MAR 1 1942

19. FUNERAL DIRECTOR (NAME) A. F. Henniger (ADDRESS) Smithton Mo.

20. FILED 2-28 1942 Mrs. Anna Berger Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 27 1942

22. I HEREBY CERTIFY, That I attended deceased from Feb 6th 1942 to Feb 27th 1942

I last saw her alive on Feb 24th 1942 Death is said to have occurred on the date stated above, at 11 P m.
 The principal cause of death and related causes of importance were as follows:

cerebral
hemorrhage
83a
no day

Other contributory causes of importance:
arterio
sclerosis

Name of operation Cholec Date of Feb
 What test confirmed diagnosis? Cholec Was there an autopsy? No

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?
 If so, specify Worked in Bakery
 (Signed) W. B. Baker M. D.
 (Address) Sidalia Mo.

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

50M-9-19-38

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RECEIVED

District Health Officer No. 8,

File Number.....

Date Filed 3-12-42

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. 3912

P. O. Address Smithton, Pa

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.