Dr E. Schulz

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 20 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7643

Registration District No. 757 Primary Registration District No. 3036 Registrar's No. 265

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

1. PLACE OF DEATH:

(a) County St. Charles

(b) City or town St. Charles (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Joseph's Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Six Weeks (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles 93

(c) City or town St. Charles (If outside city or town limits, write "RURAL") 9

(d) Street No. 1009 N. Second St 3 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME Harriet Bothe

3. (b) If veteran, name war No

3. (c) Social Security No. None

4. Sex Female 1

5. Color or race White 1

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

6. (b) Name of husband or wife William Bothe

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased August (Month) 27 (Day) 1870 (Year)

8. AGE: Years 71 Months 5 Days 25 If less than one day hr. min.

9. Birthplace Mary Doshia (City, town, or county) 1 Illinois (State or foreign country)

10. Usual occupation Restaurant Proprietor

11. Industry or business Restaurant Proprietor

FATHER
12. Name Robert Lynch
13. Birthplace Unknown (City, town, or county) 1 Illinois (State or foreign country)

MOTHER
14. Maiden name Mary Puntney
15. Birthplace Unknown (City, town, or county) 1 Illinois (State or foreign country)

16. (a) Informant William Bothe

(b) Address 1009 N. Second, St. Charles, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 22 1942 (Month) (Day) (Year)

(c) Place: burial or cremation Walnut Hill Cem. Bellville, Ill

18. (a) Signature of funeral director H. C. Dallmeyer & Sons Co

(b) Address 800 N. Second, St. Charles, Mo

19. (a) 2-21-42 (Date received local registrar) (b) Clarence G. Wessler (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 20 year 1942 hour 11 minute 10 A. M.

21. I hereby certify that I attended the deceased from Nov 19th 1942 to Feb 20th 1942 that I last saw her alive on Feb 19th 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Broken Compensation

Due to Chronic Myocarditis

Due to Gen Arteriosclerosis

Other conditions (Include pregnancy within 3 months of death) no

Major findings: Of operations Fracture of Hip

Of autopsy No

Duration

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 130

(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 0

23. Signature A. P. Erich Schulz (M.D. or other)

Address St Charles Mo. Date signed 2/20/42

679

(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.....

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

working under my personal supervision.

Signed John E. Dallmeyer

Licensed Embalmer No. 2951

P. O. Address St Charles 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, fact should be so stated above.

S. No. 2B
—8-21-41
X29288

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 7649

Registration District No. 759 Primary Registration District No. 3036 Registrar's No.

SUPPLEMENTARY

1. PLACE OF DEATH:

(a) County St Charles

(b) City or town St Charles
(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
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

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

(d) Street No.
(If rural, give location)

(e) Citizen of foreign country? (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Harriett Bothe

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex F

5. Color or race W

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

6. (b) Name of husband or wife

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

7. Birth date of deceased Aug (Month) 27 (Day) 1870 (Year)

8. AGE: Years 71 Months 5 Days 25 If less than one day or min.

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

10. Usual occupation

11. Industry or business

MOTHER FATHER
12. Name
13. Birthplace (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant

(b) Address

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

(c) Place: burial or cremation

18. (a) Signature of funeral director

(b) Address

19. (a) (Date received local registrar) (b) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year hour minute M.

21. I hereby certify that I attended the deceased from 19 to 19;
that I last saw h alive on 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Fracture of Hip. Duration

Due to fall.

Due to

Other conditions 186a
(Include pregnancy within 3 months of death)

Major findings:
Of operations 18

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) Accident

(b) Date of occurrence Nov. 14 - 1941

(c) Where did injury occur? St. Charles (City or town), St Charles (County) Mo (State)

(b) Did injury occur in or about home, on farm, in industrial place, in public place?
In yard about home
(Specify type of place)

While at work? No (e) Means of injury Fall.

23. Signature A P Erich Schulz (M. D. or other)

Address St. Charles, Mo Date signed Apr. 4-42