V. S. No. 2
OM—9-4-41
ev. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1942

Registration District No. 660

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 5878 4376

State File No. 18674

Registrar's No. 37

**1. PLACE OF DEATH:**

(a) County Perry

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

(c) Name of hospital or institution: 206 N. West St. 1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 'Life'
years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County Perry 79

(c) City or town Perryville, Mo. 0
(If outside city or town limits, write "RURAL")

(d) Street No. 206 N. West. St. 0
(If rural, give location)

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

If yes, name country 0

**3. (a) PRINT FULL NAME** William Schlattman

3. (b) If veteran, name war .....

3. (c) Social Security No. None

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Jestene May

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased June (Month) 22, (Day) 1865 (Year)

8. AGE: Years 76 | Months 11 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace Perry County (City, town, or county) 0 (State or foreign country)

10. Usual occupation Retired ( Service Station)

11. Industry or business .....

FATHER
12. Name Casper Schlattman
13. Birthplace Germany (City, town, or county) Mo. 4 (State or foreign country)

MOTHER
14. Maiden name Anna Sweeney
15. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Herbert Schlattmann
(b) Address Perryville, Mo.

17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof June 5 '42 (Month) (Day) (Year)
(c) Place: burial or ~~cremation~~ St. Boniface Cem. Perryville

18. (a) Signature of funeral director Bey Funeral Home
(b) Address Perryville, Mo.

19. (a) 6-3-42 (Date received local registrar) (b) O. F. Preuss (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month June day 1
year 1942 hour 8:15 minute P.M.

21. I hereby certify that I attended the deceased from Feb 15, 1942 to June 1, 1942
that I last saw him alive on June 1, 1942
and that death occurred on the date and hour stated above.

| | Duration |
|---|---|
| Immediate cause of death Coronary Occlusion | 1 day |
| Due to Coronary Sclerosis | 2 yrs |
| Due to General Arteriosclerosis | 2 yrs |
| Other conditions (Include pregnancy within 3 months of death) | |

94 a

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 Oscar A Carron (M. D. ~~or other~~)
Address Perryville, Mo. Date signed 6-2-42

1110

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 642-818
Date Filed 6-18-42

## 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 LeRoy J. Schindler

Licensed Embalmer No. 4175

P. O. Address Perryville, Mo.

**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.**