

S. No. 2  
-11-10-39  
5-17-49  
I X 122

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

12748

State File No. \_\_\_\_\_

FILED MAY 14 1943 318

1003

Registrar's No. 4214

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County St. Louis mo  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
mo Baptist Hospital  
(If not in hospital or institution, write street number & 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 mo (b) County Jefferson <sup>50</sup>  
(c) City or town St. Louis N.R.O.  
(If outside city or town limits, write "RURAL")  
(d) Street No. St. 3  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

3. (a) PRINT FULL NAME ADAM SCHLETT

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Mrs. Edna S. Schlett 6. (c) Age of husband or wife if alive 45 years  
7. Birth date of deceased MAY 22 1883  
(Month) (Day) (Year)

8. AGE: Years 59 Months 11 Days 13 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Farmer

11. Industry or business Farming

MOTHER FATHER { 12. Name Bernard Schlatt  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Justine Manghart  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Adam Schlett  
(b) Address St. Louis mo.

17. (a) burial (b) Date thereof May 8 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation St. Louis mo

18. (a) Signature of funeral director Daniel G. Mahan  
(b) Address St. Louis Mo.

19. (a) MAY 8 1943 (b) J. F. Probeck  
(Date of local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr <sup>3</sup> day 3  
year 1943 hour 10 minute 20 P. M.  
21. I hereby certify that I attended the deceased from April 25 to May 5 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Stomach Duration 1 yr

Other conditions metastasis in liver  
(Include pregnancy within 3 months of death)

Major findings: Carcinoma of liver with metastasis  
Of operations None  
Of autopsy None

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?

While at work \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature John H. Gray (M. D. or other) \_\_\_\_\_  
Address Metropolitan City Date signed 5-6-43

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

*Rowland  
Montgomery  
4535 Warden*

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**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 *Rowland J. Mahan*  
Licensed Embalmer No. *3783*  
P. O. Address *Hebto 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, above space should be left blank.**