

FILED JUL 9 1943

Registration District No.

Primary Registration District No. 5183

Registrar's No. 25

1. PLACE OF DEATH:

(a) County Cape Girardeau Co.  
(b) City or town Brush Run  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Gravel Hill, Mo 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 7 MRS. years, months or days

3. (a) PRINT FULL NAME MARY ELLEN SCHACHT

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

4. Sex FEMALE 5. Color or race white 6. (a) Single, widowed, married, divorced MARRIED  
6. (b) Name of husband or wife Bert F Schacht 6. (c) Age of husband or wife if alive ✓ years  
7. Birth date of deceased Nov 10 1881  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
61 7 4 \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace St. Louis, Mo. (City, town, or county) (State or foreign country) 0

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name Joseph Watson  
13. Birthplace UNKNOWN 9 (City, town, or county) (State or foreign country)  
14. Maiden name MARY GRAHAM  
15. Birthplace UNKNOWN 9 (City, town, or county) (State or foreign country)

16. (a) Informant Bert Schacht  
(b) Address 758 W Jackson - Chicago, Illinois

17. (a) (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)  
(c) Place: burial or cremation CADWARY CEMETARY

18. (a) Signature of funeral director Dr. Kaff James - St. Louis, Mo

(b) Address 6116

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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cape  
(c) City or town Gravel Hill, Mo (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 14 year 1943 hour 8 minute 30 P.M.

21. I hereby certify that I attended the deceased from June 14 1943 to June 14 1943 that I last saw her alive on June 14 1943 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 30 min  
Due to Coronary Heart Disease 15 yrs  
Due to arterial sclerosis? 20 yrs

Other conditions (Include pregnancy within 3 months of death) 9/4

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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) Means of injury \_\_\_\_\_

23. Signature T. E. Ruff (M. D. or other) MD  
Address Jackson, Mo Date signed 6-16-43

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

17-39 X32873

1600

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**RECEIVED**

District Health Officer No. 4  
District File Number 743-2439  
Date Filed 7-8-43

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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.....

Licensed Embalmer No.....

P. O. Address.....

**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.**