

S. No. 2
M-9-4-41
v. 5-28-38
X-28-38

29393

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

AUG 21 1943

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 1875

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Mt. St. Rose Sanatorium
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3/22/43 to 8/14/43
(Specify whether 3 YRS.)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: ST. LOUIS 96

(a) State Missouri (b) County Jennings

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

(d) Street No. 8811 Scott Ave
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Scheulen, Joseph

3. (b) If veteran, name war World War #1

3. (c) Social Security No. 492-07-9900

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 14,
year 1943 hour 9 minute 45 A.M.

21. I hereby certify that I attended the deceased from May 22, 1943, to August 14, 1943
that I last saw him alive on August 14, 1943
and that death occurred on the date and hour stated above.

4. Sex male 5. Color or Race White

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

6. (b) Name of husband or wife Irene Scheulen

6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased May 22 1888
(Month) (Day) (Year)

Immediate cause of death Fort Advanced Pulmonary Tuberculosis

Duration 9+ mo.

8. AGE: Years Months Days If less than one day

55 2 22 hr. _____ min.

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

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

PHYSICIAN

Major findings: Of operations _____

Of autopsy Same

Underline the cause to which death should be charged statistically. Tuberculosis

10. Usual occupation LATHE OPERATOR

11. Industry or business Machine Co.

MOTHER FATHER

12. Name Adolph Scheulen

13. Birthplace Loose Creek Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Christine Goetzen

15. Birthplace Loose Creek Mo.
(City, town, or county) (State or foreign country)

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? _____

16. (a) Informant Irene Scheulen

(b) Address 8811 Scott Jennings, Mo.

17. (a) BURIAL (b) Date thereof 8-19-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM.

18. (a) Signature of funeral director Wm. J. ...

(b) Address 5934 N. 20th St. St. Louis

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature John B. Muehle (M. D. or other) M.D.

Address 9101 S. Broadway Date signed 8/14/43

19. (a) AUG 17 1943 (b) _____
(Date received local registrar) (Registrar's signature)

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

1600

707

NOV 26 1945

NOV 26 1945

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.....

Alfred J. Boedeker

Licensed Embalmer No.....

2663

P. O. Address.....

5934 Alpha

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.