

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 43603
Registrar's No. 359

FILED DEC 22 1943
Registration District No. 6075

Primary Registration District No. 6075

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

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Farmington RURAL St. Francois
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Mo. State Hospital No. 4 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 15 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis Co.
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2917 So. Broadway
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME CARL EMIL SCHOEPTLE
3. (b) If veteran, name war Unknown
3. (c) Social Security No. 487-18-8718

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month November day 20
year 1943 hour 9 minute 30 P. M.

4. Sex Male 5. Color or race W.
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Marie Minor
6. (c) Age of husband or wife if alive Unknown years
7. Birth date of deceased: May 18 1907
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from November 5, 1943 to November 20, 1943
that I last saw him alive on November 20, 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 36 Months 6 Days 2
If less than one day _____ hr. _____ min.

Immediate cause of death C.P.S. pneumonia
General Paralysis
Duration _____

9. Birthplace Mascoutah Illinois
(City, town, or county) (State or foreign country)
10. Usual occupation Farming and truck driving.

Due to _____
Due to _____
Other conditions (include pregnancy within 3 months of death) _____

11. Industry or business _____
12. Name Gotlieb Schoettle
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Tuerck
15. Birthplace Mascoutah Illinois
(City, town, or county) (State or foreign country)

Major findings: _____
Of operations _____
Of autopsy _____
30e
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

16. (a) Informant Records State Hospital No. 4
(b) Address Farmington, Mo.

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? _____

17. (a) Burial (b) Date thereof 11-23-43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation City Cem. Mascoutah, Ill.

23. Signature J. J. Langford (M. D. or other) emb
Address 408 N. First Date signed 11-26-43

18. (a) Signature of funeral director C. Hoffmeister Undertakers
(b) Address 7814 So. Broadway, St. Louis, Mo.
19. (a) Dec 7 1943 (b) Burdie Bukhmetier
(Date received local registrar) (Registrar's signature)

1196

DEC 2 2 1943

RECEIVED

District Health Officer No. 4
District File Number 1243-3084
Date Filed 12-21-43

REC-3-2-43

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.....

Louis C. Hoffmeister, Registered Apprentice No.....
working under my personal supervision.

Signed Louis C. Hoffmeister
Licensed Embalmer No. 3871
P. O. Address 7814 S Broadway

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.