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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 21 1944

Registration District No. 77

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 3016

State File No. 6960

Registrar's No. 28

1. PLACE OF DEATH:

(a) County Cole

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

(c) Name of hospital or institution:
St. Mary's Hospital 0
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (Specify whether
In this community 79 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Cole 26

(c) City or town Jefferson City 5
(If outside city or town limits, write "RURAL") 4

(d) Street No. 330 East High Street
(If rural, give location)

(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Emil F. Schott

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

3. (c) Social Security No. none

4. Sex Male

5. Color or race 0 White

6. (a) Single, widowed, married, divorced 2 Widower

6. (b) Name of husband or wife Betty Schott

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

7. Birth date of deceased February (Month) 26 (Day) 1865 (Year)

8. AGE: Years 78 | Months 11 | Days 9 | If less than one day ..... hr. ..... min.

9. Birthplace Jefferson City, Missouri 0
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Banker

11. Industry or business .....

FATHER
12. Name John G. Schott
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Henrietta Berger
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Theodore C. Schott
(b) Address Jefferson City, Missouri

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb-6-1944 (Month) (Day) (Year)
(c) Place: burial or cremation River View Cemetery

18. (a) Signature of funeral director Roy J. Gordon
(b) Address Jefferson City, Missouri

19. (a) 2-7-44 (Date received local registrar) (b) Thorma Richter (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feby day 4
year 1944 hour 6 minute 10 A M.

21. I hereby certify that I attended the deceased from Jan 25, 1944, to Feby 4, 1944, that I last saw him alive on Feby 4, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death .....

Due to Diabetes Mellitus

Due to Parenchymatous Nephritis Arteriosclerosis

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

Major findings:
Of operations 61

Of autopsy .....

Duration

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 0

23. Signature M R Aldridge (M. D. or other)
Address Glenn Date signed 2-7-44

(Licensed Embalmer's Statement on Reverse Side)

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 Thorp J. Gordon

Licensed Embalmer No. 1786

P. O. Address Jefferson City 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.