

No. 2
4-13-40
-17-39
X23159

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

17312

State File No. _____

Registrar's No. 69

FILED JUN 12 1944

Primary Registration District No. 3002

1. PLACE OF DEATH:

(a) County Andrew
(b) City or town Waynesville
(c) Name of hospital or institution Andrew Co. Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution May 28 PM to May 31 3 PM (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Andrew
(c) City or town Rural (If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Paul Kenneth Elroy Schlaeger
3. (b) If veteran, name war Infantry 3. (c) Social Security No. Mo
4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced 5 months
6. (b) Name of husband or wife Arthur 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased: Mo 24 43
(Month) (Day) (Year)

20. DATE OF DEATH: Month May day 3 year 44 hour 3 1/2 PM M.
21. I hereby certify that I attended the deceased from Mo May 2, 1944, to May 3, 1944 that I last saw him alive on May 31, 1944 and that death occurred on the date and hour stated above.

8. AGE: Years _____ Months 5 Days 8 If less than one day _____ hr. _____ min.

Immediate cause of death Pneumonia - lobes 48 hr
Due to this child weighed at birth 2 lbs?
Due to 108
Other conditions (Include pregnancy within 3 months of death) _____

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

10. Usual occupation _____

11. Industry or business _____

12. Name John A. Elroy Schlaeger
13. Birthplace Waynesville Mo (City, town, or county) (State or foreign country)
14. Maiden name Katherine Schlemmer
15. Birthplace St. Elizabeth Mo (City, town, county) (State or foreign country)

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

16. (a) Informant John A. Elroy Schlaeger
(b) Address Waynesville Mo
17. (a) Rural (b) Date thereof May 28 44 (Month) (Day) (Year)
(c) Place: burial or cremation St. Joseph's Cemetery

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 _____

18. (a) Signature of funeral director Wells
(b) Address Wells
19. (a) 5/3/44 (b) Margaret N. Mackin (Date received local registrar) (Registrar's signature)

23. Signature Paul E. Carl (M. D. number) _____
Address Waynesville Mo Date signed 5-8-44

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

MOTHER FATHER

RECEIVED

District Health Officer No. 10

District File Number 6-44-1136

Date Filed JUN 9 1944

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 *H. B. Kelly*

Licensed Embalmer No. 588

P. O. Address Kelleville 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.

No Embalming