

No. 2
8-13
5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21397
Registrar's No. 16-42

FILED JAN 5 1945

Registration District No. 167

Primary Registration District No. 5594

1. PLACE OF DEATH

(a) County Jefferson
(b) City or town Meramec Valley Rural
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution Over Home (Catawissa RR#1)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 (Specify whether)
In this community 40 years (years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County Jefferson
(c) City or town Rural
(If outside city or town limits, write "RURAL")
(d) Street No. Near Bynessville
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 9th
year 1944 hour 10 minute 40 P.M.

21. I hereby certify that I attended the deceased from 27th to Dec 8th, 1944
that I last saw him alive on Dec 8th, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Myocarditis
Arteriosclerosis
Due to _____

Duration
Physician
Underline the cause to which death should be charged statistically.

3. (a) PRINT FULL NAME FRED SCHLOSSER

3. (b) If veteran, name war NONE 3. (c) Social Security No. NONE

4. Sex M 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARGIE A. SCHLOSSER 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased JUNE 13 1873
(Month) (Day) (Year)

8. AGE: Years 71 Months 5 Days 26
If less than one day hr. min.

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

10. Usual occupation Farming

11. Industry or business Over Farm

12. Name Michael Schlosser
13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Al Ridenhour

(b) Address Catawissa Mo RR#1

17. (a) Burial (b) Date thereof 12-13-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Martin's Cem. - Dittman Mo

18. (a) Signature of funeral director John H. Bremer
(b) Address Home Springs - Mo

19. (a) 11 Dec 1944 (b) J. A. Conners
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) 930

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) (c) Means of injury 1

23. Signature J. B. Edwards (M. D. or other) _____
Address Carder Hill Date signed 12/10/44

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

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500

APR 9 1959

RECEIVED
District Health Officer No. 9,
District File Number.....
Date Filed 1-4-45

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 John A. Brunner

Licensed Embalmer No. 1470

P. O. Address Lawrence Springs

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.)

W If this body is not embalmed, fact should be so stated above.