. S. No. 2
DM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

34519

State File No.

FILED NOV 8 1945

Registration District No. 316 Primary Registration District No. 4462 Registrar's No. 209

94 3 1

1. PLACE OF DEATH:
(a) County St. Francois
(b) City or town Elvins, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Home
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Francois 94
(c) City or town Elvins, Missouri 3
(If outside city or town limits, write "RURAL")
(d) Street No. 1
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Charles Peter Scheck
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased Sept (Month) 26 (Day) 1870 (Year)

8. AGE: Years	Months	Days	If less than one day
75	0	29	hr. min.

9. Birthplace Iron County (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation Ice Maker
11. Industry or business Schram Ice and Coal Co.
FATHER 12. Name # Unkown
13. Birthplace Unkown (City, town, or county) 9 (State or foreign country)
MOTHER 14. Maiden name Unkown
15. Birthplace Unkown (City, town, or county) 0 (State or foreign country)
16. (a) Informant Mrs. Roy Mattingly 1
(b) Address Elvins, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct 27--45 (Month) (Day) (Year)
(c) Place: burial or cremation Fanny Lathum C
18. (a) Signature of funeral director Sparks Funeral Home
(b) Address 300 Taylor Flat River, Mo
19. (a) 11-2-45 (Date received local registrar) (b) Esther Rudloff (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 25 year 1945 hour 3:30 P.M. minute M.
21. I hereby certify that I attended the deceased from 10-15, 1945 to 10-25, 1945 that I last saw him alive on 10-25, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Bronchopneumonia	7d
Due to /	
Due to Acute X-mental regurgitation	
Other conditions Bronchial Goiter (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

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
23. Signature Earl O (M. D. or other)
Address Dexter, Mo Date signed

1577 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 4
District File Number 1145-1307
Date Filed 11-8-45

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 Everett Sparks

Licensed Embalmer No. 4287

P. O. Address Flat River 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.