

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

1. PLACE OF BIRTH:

(a) County
(b) City or town
(c) Name of hospital or institution
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
In this community
years, months or days

3. (a) PRINT FULL NAME
(b) If veteran, name war
(c) Social Security No.

4. Sex
5. Color or race
6. (a) Single, widowed, married, divorced
(b) Name of husband or wife
(c) Age of husband or wife if alive
7. Birth date of deceased
8. AGE: Years Months Days If less than one day
9. Birthplace
(City, town, or county)
(State or foreign country)
10. Usual occupation
11. Industry or business
Name
Birthplace
(City, town, or county)
(State or foreign country)
Maiden name
Birthplace
(City, town, or county)
(State or foreign country)

16. (a) Informant
Address
Place: burial or cremation
Signature of funeral director
Address
(Date received local registrar)
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month day year
21. I hereby certify that I attended the deceased from
er
that I last saw h alive on
and that death occurred on the date and hour stated above.
Immediate cause of death
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
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
23. Signature
Address
Date signed

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

(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.....

Elmo R. Padwell

Licensed Embalmer No. 4077

P. O. Address.....

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.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri }
County of _____ } ss.

State File No. 18 883
Local Registrar's No. 4612

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 21 day of June, 1946, before me appears _____
Marie Odenwalder, who, upon her oath, states that the original record of ~~her~~ death
for Mamie Schultz ^{died} May 18, 1946, in the State of
Missouri, and which was filed at St. Louis, Mo. ~~XXX~~ on May 22, 1946, should be corrected as follows:

Item No. 7 should read September 30, 1887

Instead of _____ September 30, 1880

Item No. 8 should read 58 yrs. 7 mo. 18 da.

Instead of _____ 65 yrs. 7 mo. 18 da.

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

Item No. _____ should read _____

Instead of _____

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Marie Odenwalder Step
Relationship daughter
4204a Peck St.
Present Address.

Subscribed and sworn to before me this 21st day of June, 1946.

My Commission expires Nov. 30, 1949 Alice L. Elbe Notary Public.

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