

S. No. 2
M-5-43
7-5-17-39
P. I X36671

FILED AUG 9 1946
318

Registration District No. Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: Missouri Baptist Hospital
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Warren
(c) City or town Warrenton
(d) Street No.
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME Leata Schlanker
3. (b) If veteran, name war Nil
3. (c) Social Security No. None
4. Sex Female 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 April 22 1882
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 28
year 1946 hour 10 minute 50 P.M.
21. I hereby certify that I attended the deceased from June 6 1946 to July 28 1946
that I last saw her alive on July 27 1946
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
64 3 6 hr. min.

Immediate cause of death: Coronary thrombosis (Coronary sclerosis)
Due to
Other conditions: Anemia, nutritional
Cystitis - Catarrhal
Duration: min
years

9. Birthplace Warren County Missouri
(City, town, or county) (State or foreign country)
10. Usual occupation Housewife
11. Industry or business

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

MOTHER FATHER
12. Name Edward Schlanker
13. Birthplace Warren County Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Caroline Engle
15. Birthplace Warren County Missouri
(City, town, or county) (State or foreign country)
16. (a) Informant: Hobert Schlanker
(b) Address: 1264 Kingsland Ave.
17. (a) Burial, cremation, or removal: Burial (b) Date thereof: 7-31-46
(Month) (Day) (Year)
(c) Place: burial or cremation: Warrenton, Missouri

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?

18. (a) Signature of funeral director: Albert H. Hoppe, Inc.
(b) Address: 4700 Washington Bld.
19. (a) JUL 30 1946 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

23. Signature: Ray David Williams (M. D. or other)
Address: 114 N. Taylor St. Paris Date signed: 7/30/46

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

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 Chris R. Cadwell

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.