No. 2
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 3 1947

Registration District No. 360

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6225

State File No. 7651

Registrar's No. 38

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

1. PLACE OF DEATH:

(a) County Vernon

(b) City or town Rural Warhtn. Twp.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: State Hospital No. 3 2
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 16 yr. 4 mo. (Specify whether
In this community Same time
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County ✓ 108

(c) City or town St. Louis City Mo.
(If outside city or town limits, write "RURAL")

(d) Street No. unknown
(If rural, give location)

(e) If foreign born, how long in U. S. A.? ..... years.

3. (a) PRINT FULL NAME Gus Schoo

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 none 6. (c) Age of husband or wife if alive — years

7. Birth date of deceased Aug. 27 - 1876.
(Month) (Day) (Year)

8. AGE: Years 70 Months 6 Days 1 If less than one day ..... hr. ..... min.

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

10. Usual occupation Shoe Worker

11. Industry or business Shoe Mfg.

FATHER
12. Name unknown. 4
13. Birthplace Germany
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name unknown 4
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Hospital Records.
(b) Address Nevada Mo

17. (a) St. Louis Mo (Removal) (b) Date thereof 2 28 47
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St Louis Mo

18. (a) Signature of funeral director Terry Fun Home
(b) Address Nevada Mo

19. (a) 2-28-47 (b) Kathryn Yancey
(Date received local registrar) (Registrar's signature)
By Deputy

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 28
year 1947 hour 2 minute A M.

21. I hereby certify that I attended the deceased from 7-12-46
....., 19..., to 2-28-47, 19...;
that I last saw him alive on 2-27-1947, 19...;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Chronic nephritis — arteriosclerotic	
Due to	
Due to	
Other conditions Epilepsy (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 R. B. Lester (M. D. or other)
Address Nevada Mo. Date signed 2-28-47

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7,
District File Number 2-42-197
Date Filed 3-5-47

MAY 13 1947

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 me M E

....., Registered Apprentice No.....

working under my personal supervision.

Signed L B Ferrel

Licensed Embalmer No. 9760

P. O. Address Nevada Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.