No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED NOV 10 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 33767

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1297

1. PLACE OF DEATH:
(a) County: Buchanan
(b) City or town: St. Joseph (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Joseph's Hospital (If not in hospital or institution, write street, number or location)
(d) Length of stay: In hospital or institution: About 3 Weeks (Specify whether years, months or days)
In this community: 43 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State: Missouri (b) County: Buchanan
(c) City or town: St. Joseph (If outside city or town limits, write "RURAL")
(d) Street No.: 1806 Elwood St. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country: *

3. (a) PRINT FULL NAME: Joseph Schlachter
3. (b) If veteran, name war: None
3. (c) Social Security No.: 491-09-8800
4. Sex: Male
5. Color or race: White
6. (a) Single, widowed, married, divorced: Married
6. (b) Name of husband or wife: Mrs. Eva Schlachter
6. (c) Age of husband or wife if alive: 77 years
7. Birth date of deceased: September (Month) 15 (Day) 1879 (Year)

8. AGE: Years	Months	Days	If less than one day
68	1	13	hr. min.

9. Birthplace: Unknown (City, town, or county) Hungary (State or foreign country)
10. Usual occupation: Retired bottler
11. Industry or business: Goetz Brewery
MOTHER FATHER
12. Name: Unknown
13. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
14. Maiden name: Unknown
15. Birthplace: Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant: Mrs. Eva Schlachter
(b) Address: 1806 Elwood St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: Oct. 30, 47 (Month) (Day) (Year)
(c) Place: burial or cremation: Mt. Olivet Cemetery
18. (a) Signature of funeral director: Herman W. Siebenfaden
(b) Address: 1802 Union St. St. Joseph, Mo.
19. (a) 11-3-47 (Date received local registrar) (b) K. L. Jenkins (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: October day: 28 year: 1947 hour: 3 minute: 00 A. M.
21. I hereby certify that I attended the deceased from Oct 2, 1947, to Oct 28, 1947; that I last saw him alive on Oct 27, 1947; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Mesenteric Embolism	3 ds
Due to: Recurrent appendicitis	4 wks
Due to: Paralytic Ileus	4 wks
Other conditions (Include pregnancy within 3 months of death): ✓	
Major findings: Of operations: Stated above	
Of autopsy: ✓	

PHYSICIAN — Underline the cause of 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: Gustav A. Lau (M. D. or other) M.D.
Address: Kirkpatrick Bldg. St. Joseph, Mo. Date signed: 10/28/47

Jefferson City Printing Co. (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 Guy F. Hays, Jr., Registered Apprentice No. 88, working under my personal supervision.

Signed Elmer Thomas

Licensed Embalmer No. 2640

P. O. Address St. Joseph 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.