

S. No. 2  
 DM-2.43  
 v. 5-17-39  
 P. 1 X35697

FILED OCT 27 1947

Registration District No. **128**

Primary Registration District No. **2000**

Registrar's No. **903**

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

39  
 2  
 6

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1840 South Fremont  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 31 years (Specify whether years, months or days)

In this community 31 years

3. (a) PRINT FULL NAME ELMER H. SCHLEGEL

3. (b) If veteran, name war None

3. (c) Social Security No. Unknown

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Roxy Schlegel

6. (c) Age of husband or wife if alive Unknown years

7. Birth date of deceased March 16, 1873  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>7</u>	<u>0</u>	hr. min.

9. Birthplace Redding, Pennsylvania  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Boiler maker

11. Industry or business Frisco Railroad Company

12. Name J. Schlegel

13. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

14. Maiden name Emmaline Heister

15. Birthplace Unknown Unknown  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Roxy Schlegel (wife)

(b) Address 1840 South Fremont

17. (a) Burial (b) Date thereof: 10/16/1947  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Green Lawn Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) (Date received local registrar) (b) W. Z. Handley, M.D.  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene 39

(c) City or town Springfield 2  
(If outside city or town limits, write "RURAL")

(d) Street No. 1840 South Fremont Avenue 1  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
 If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16,  
 year 1947 hour 2: minute 00 A. M.

21. I hereby certify that I attended the deceased from several years to 1947  
 that I last saw him in alive on Oct. 16, 1947  
 and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to Dropped from Wisconsin and organic heart trouble

Due to \_\_\_\_\_

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: A4R  
 Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

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? ✓

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 0

23. Signature W. Z. Handley (M. D. or other) 0

Address 518 1/2 College Date signed 10/16/47

OCT 31 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.....  
*Richard R. Goodman*....., Registered Apprentice No. *473*.....  
working under my personal supervision.

Signed.....*Jewell E. Windb*.....  
Licensed Embalmer No. *2831*.....  
P. O. Address.....*Springfield 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.**