No. 2
-1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED APR 29 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 13149

Registration District No. 180 Primary Registration District No. 2030 Registrar's No. 33

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

1. PLACE OF DEATH:
(a) County Jefferson
(b) City or town Festus
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Jefferson 50
(c) City or town Festus 3
(If outside city or town limits, write "RURAL") 1
(d) Street No. 0
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

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

4. Sex Female
5. Color or race White
6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Henry Schlag
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased October (Month) 30 (Day) 1878 (Year)

8. AGE: Years 69 Months 5 Days 16 If less than one day hr. min.

9. Birthplace St Louis (City, town, or county) Mo. (State or foreign country) 0
10. Usual occupation Housewife
11. Industry or business
FATHER
12. Name Henry Wiese 1
13. Birthplace Denmark (City, town, or county) (State or foreign country) 1
MOTHER
14. Maiden name Katherine Dreyer
15. Birthplace St Louis (City, town, or county) Mo (State or foreign country) 0
16. (a) Informant Henry Schlag
(b) Address Crystal City Mo.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-18-48 (Month) (Day) (Year)
(c) Place: burial ~~or cremation~~ Roselawn Memorial Cem
18. (a) Signature of funeral director H. S. Vinyard
(b) Address Festus Mo.
19. (a) April 19, 1948 (Date received local registrar) (b) Cleora Belleville (Registrar's signature) 1117

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 16
year 1948 hour 5 minute 30 a. M.
21. I hereby certify that I attended the deceased from April 16, 1948, to April 16, 1948
that I last saw her alive on April 16, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral apoplexy — Duration: Sudden death
Due to
Due to
Other conditions (Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy
830

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 0
23. Signature J Kammerford MD (M.D. or other)
Address Crystal City Mo Date signed April 17/48

Jefferson City Printing Co. (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9,
District File Number APR 28 1948
Date Filed

OCT 25 1949

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 Donald H. Vineyard Registered Apprentice No. 71 working under my personal supervision.

Signed H H Vineyard

Licensed Embalmer No. 3010

P. O. Address Fenton 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.