No. 300
10-48

FILED OCT 5 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29835

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 141

36
6
2

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

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
c. LENGTH OF STAY (In this place): 47 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural. Boles Twshp.
d. STREET ADDRESS (If rural, give location): Highway #50.

3. NAME OF DECEASED (Type or Print)
a. (First): Ernst
b. (Middle): Walter
c. (Last): Schlemper

4. DATE OF DEATH (Month) (Day) (Year): Sept. 29, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower
8. DATE OF BIRTH: Nov. 8, 1854
9. AGE (In years last birthday): 94 — IF UNDER 1 YEAR: Months 10, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Own contracts
11. BIRTHPLACE (State or foreign country): Germany 4
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Charles Schlemper
13b. MOTHER'S MAIDEN NAME: Amalia Heipertz
14. NAME OF HUSBAND OR WIFE: Emma Kreienkamp Schlemper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Mrs. Mike Alt, Pacific, Mo. R #1.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CANCER of PROSTATE — INTERVAL BETWEEN ONSET AND DEATH: 2

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: CHRONIC Cystopyelitis SECONDARY ANEMIA — 177X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 21, 1949, *to* Sept. 29, 1949, *that I last saw the deceased alive on* Sept 29, 1949, *and that death occurred at* 9:15A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D Bicker MD
23b. ADDRESS: PACIFIC MO
23c. DATE SIGNED: 9/30-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Oct. 2, 49
24c. NAME OF CEMETERY OR CREMATORY: Kreienkamp Private
24d. LOCATION (City, town, or county) (State): St. Louis Co. Mo.

DATE REC'D BY LOCAL REG.: Sept 30, 1949
REGISTRAR'S SIGNATURE: [signature] 99
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Schrader Funeral Home, Ballwin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 6 1950

RECEIVED OCT 3 1949
District Health Officer No. 9,
District File Number

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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Signed Theo. Schrader

Signed _____
Student Embalmer

Licensed Embalmer No. 3066

P. O. Address Baldwin, Me

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

If this body is not embalmed, fact should be so stated above.