

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16391

BIRTH NO. _____ REG. DIST. NO. 117 PRIMARY REG. DIST. NO. 5436 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY Gasconade
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ~~xxx~~ Boulware Twp.
c. LENGTH OF STAY (In this place) 1 Wk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bay, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY St. Louis
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis 2069
d. STREET ADDRESS (If rural, give location) 5674a Hebert St. 1

3. NAME OF DECEASED
a. (First) Emma b. (Middle) Margaret c. (Last) Schalk

4. DATE OF DEATH (Month) (Day) (Year) May 9 1950

5. SEX female 6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed ✓

8. DATE OF BIRTH July 15, 1875

9. AGE (In years last birthday) 74

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housework

10b. KIND OF BUSINESS OR INDUSTRY **

11. BIRTHPLACE (State or foreign country) Belleville, Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John A. Haring

13b. MOTHER'S MAIDEN NAME Louise Schluentz

14. NAME OF HUSBAND OR WIFE Wm. A. Schalk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no **

16. SOCIAL SECURITY NO. **

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Evelyn Meyer Bay, Mo.

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, asthma, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-vascular Renal Disease
DUE TO (c) Hypertension
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 12 hrs

442X

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 Jan, 1946, to May 8, 1950, that I last saw the deceased alive on May 8, 1950, and that death occurred at noon m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) *Thos A Schmidt M.D.*

23b. ADDRESS *Beard Mo*

23c. DATE SIGNED 5-12-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5-12-1950

24c. NAME OF CEMETERY OR CREMATORY Evangelical Cem.

24d. LOCATION (City, town, or county) (State) Woollam Mo.

DATE REC'D BY LOCAL REG. 5/12/50

REGISTRAR'S SIGNATURE *W. M. ...*

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS *Welford H. N. ... OWENSVILLE, Mo.*

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

District File Number
District Health Officer No. 9;
RECEIVED JUN 6 1950

JUN 9 1950

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

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Melvin N. D. White

Licensed Embalmer No. 3838

P. O. Address Owensville 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.