

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

7094

State File No. ....

LED FEB 20 1952

BIRTH NO. .... REG. DIST. NO. 363 PRIMARY REG. DIST. NO. 6336 Registrar's No. 16

1090

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

1. PLACE OF DEATH a. COUNTY <b>Warren</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Warren</b>		
b. CITY OR TOWN <b>Rural-Charrette</b>		c. LENGTH OF STAY (in this place) <b>85</b>	c. CITY OR TOWN <b>Rural-Charrette</b>		1090
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1 mile West Dutzow, Mo.</b>			d. STREET ADDRESS (If rural, give location) <b>1 Mile West Dutzow, Mo.</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>Herman</b>	c. (Last) <b>Schaechter</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 15, 1952</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>June 27, 1867</b>	9. AGE (In years last birthday) <b>84</b>	IF UNDER 1 YEAR Months Days <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (State or foreign country) <b>Dutzow, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
13a. FATHER'S NAME <b>John Schaechter</b>		13b. MOTHER'S MAIDEN NAME <b>Elsie Gose Jacob</b>	14. NAME OF HUSBAND OR WIFE <b>Ida M. Schaechter</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Emma Schaechter Marthasville, Mo.</b>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic myocarditis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>General arteriosclerosis</b> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>10 yrs</b> <b>20 yrs</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>446X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <b>Sept 1925</b> , to <b>Feb 15, 1952</b> , that I last saw the deceased alive on <b>Jan 15, 1952</b> , and that death occurred at <b>7 P</b> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>[Signature]</b>			23b. ADDRESS <b>Marthasville, Mo</b>		23c. DATE SIGNED <b>2-16-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2/18/52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. Pauls Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Marthasville, Missouri</b>	
DATE REC'D BY LOCAL REG. <b>Feb 17/52</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <b>[Signature] Marthasville, Mo.</b>	

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**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.

Student .....  
Student Embalmer

Signed.....

*Edmond F. Lichtenberg*

Licensed Embalmer No. *4318*

P. O. Address *Marthasville, 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.