

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

No. 300  
10.48

FILED DEC 16 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 5433 Registrar's No. 29

1. PLACE OF DEATH

a. COUNTY Franklin

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Rural

c. LENGTH OF STAY (in this place) \_\_\_\_\_

d. FULL NAME OF HOSPITAL OR INSTITUTION \_\_\_\_\_

2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission)

a. STATE Mo b. COUNTY Franklin

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Union Rural

d. STREET ADDRESS (If rural, give location) R.R. 1

3. NAME OF DECEASED (Type or Print)

a. (First) Ernest b. (Middle) Schlechte c. (Last) \_\_\_\_\_

4. DATE OF DEATH (Month) (Day) (Year) Dec 8, 1952

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) \_\_\_\_\_

8. DATE OF BIRTH 21-5-1871 9. AGE (in years or birthday) 81 IF UNDER 1 YEAR Months \_\_\_\_\_ Days \_\_\_\_\_ IF UNDER 24 HRS. Hours \_\_\_\_\_ Min. \_\_\_\_\_

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

10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_

11. BIRTHPLACE (State or foreign country) Germany

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME H. Schlechte 13b. MOTHER'S MAIDEN NAME Dora Knorr 14. NAME OF HUSBAND OR WIFE Matilda Schlechte

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. None 17. INFORMANT'S SIGNATURE OR NAME Henry Schlechte ADDRESS Union Mo

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Acute Bronchitis

INTERVAL BETWEEN ONSET AND DEATH 1 week

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 myocarditis Chronic Prostatitis

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) \_\_\_\_\_ 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 1940, to 12-8, 1952, that I last saw the deceased alive on 12-5, 1952, and that death occurred at 4:30 m., from the causes and on the date stated above.

23a. SIGNATURE H. Mathews M.D. (Degree or title) 23b. ADDRESS Beaufort Mo 23c. DATE SIGNED 12-9-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 12-10-52 24c. NAME OF CEMETERY OR CREMATORY St. Ferdons Cem 24d. LOCATION (City, town, or county) (State) Jaffresburg, Mo

DATE REC'D BY LOCAL REG. 12-9-52 REGISTRAR'S SIGNATURE J. T. Cooper 25. FURNERAL DIRECTOR'S SIGNATURE E. J. Oltmann ADDRESS Union Mo

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

360

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 \_\_\_\_\_

*E. F. Ottmann*

Licensed Embalmer No. 1686

P. O. Address Union, Ind.

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.