

FILED FEB 10 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3228  
Registrar's No. 308

|  |                               |   |  |  |  |   |  |
|--|-------------------------------|---|--|--|--|---|--|
| BIRTH NO. _____  |                               | REG. DIST. NO. <u>317</u>   |  | PRIMARY REG. DIST. NO. <u>543</u>  |  | Registrar's No. <u>308</u>  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Louis</u>  |                               |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u> |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Jennings</u>   |                               | c. LENGTH OF STAY (in this place) <u>3 yrs</u>  |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ferguson</u> <u>4119</u>                                     |  | d. STREET ADDRESS (If rural, give location) <u>0</u><br><u>425 Tiffin</u>           |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>High Tower Rest Home</u>  |                               |   |  |  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>MINNIE</u> b. (Middle) <u>SCHLICHTING</u> c. (Last) _____  |                               |   | 4. DATE OF DEATH <u>Jan. 31, 1956</u>  |  |  |   |  |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>   | 8. DATE OF BIRTH <u>Oct. 20, 1866</u>  | 9. AGE (In years last birthday) <u>89</u>  | IF UNDER 1 YEAR<br>Months _____ Days _____ |   | IF UNDER 24 HRS.<br>Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>   | 11. BIRTHPLACE (City and State or Foreign Country) <u>Port Sanilac, Michigan</u> |  | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>    |   |  |
| 13a. FATHER'S NAME <u>John Falls</u>   |                               | 13b. MOTHER'S MAIDEN NAME <u>Wilhelmina Sturm</u>   |  | 14. NAME OF HUSBAND OR WIFE <u>Gustavus Schlichting</u>  |  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>  |                               | 16. SOCIAL SECURITY NO. <u>None</u>   |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>A. F. Schlichting, 425 Tiffin</u>   |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*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<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhages</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart disease unknown</u><br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Purpura type indetermined</u> |  |  |  | INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u>                                     |  |
| 19a. DATE OF OPERATION _____   |                               | 19b. MAJOR FINDINGS OF OPERATION _____  |  | 4200<br><del>7318</del>  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |  |
| 21a. ACCIDENT SUICIDE HOMICIDE. (Specify) _____  |                               | 21b. PLACE OF INJURY (e.g., to 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 <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 <u>June 30, 1954</u> , to <u>Jan 31, 1956</u> , that I last saw the deceased alive on <u>Jan 30, 1956</u> , and that death occurred at <u>2:55 p.m.</u> , from the causes and on the date stated above. |                               |   |  |  |  |   |  |
| 23a. SIGNATURE (Degree or title) <u>Lewis L. Litterman M.D.</u>  |                               |   |  | 23b. ADDRESS <u>8231 Clayton Rd (17)</u>   |  | 23c. DATE SIGNED <u>2/1/56</u>  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>   |                               | 24b. DATE <u>2-3-55</u>   |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Port Sanilac Cem.</u>  |  | 24d. LOCATION (City, town, or county) (State) <u>Port Sanilac, Michigan</u>         |  |
| DATE REC'D BY LOCAL REG. <u>2-1-56</u>   |                               | REGISTRAR'S SIGNATURE <u>Herbert R. Romber M.D.</u>   |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WHITE FUNERAL HOME, FERGUSON, MO.</u>  |  |   |  |

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

**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 Eleana Province

Licensed Embalmer No. 3403

P. O. Address Jennings, 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.