

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-029869

FILED VS. AUG 22 1960

53

Primary Registration District No. 3010

Registrar's No. 330

STATE FILE NUMBER

INDEXED

DOCUMENT

1. PLACE OF DEATH a. COUNTY <b>Cape Girardeau</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cape Girardeau</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Cape Girardeau</b>		c. CITY OR TOWN <b>Cape Girardeau</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Francis Hospital</b>		d. STREET ADDRESS (If outside, give location) <b>33 North Hanover</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
Length of stay in 1b <b>36 years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <b>THECKLA LOUISE SCHLITT</b>			4. DATE OF DEATH Month <b>August</b> Day <b>15</b> Year <b>1960</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>10/9/1903</b>	9. AGE (last birthday) <b>56</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>26</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Own home</b>	11. BIRTHPLACE (City and state or country) <b>New Hamburg, Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>U. S.</b>	
13a. FATHER'S NAME <b>John A. Dirnberger</b>		13b. MOTHER'S MAIDEN NAME <b>Catherine Dannenmueller</b>		14. NAME OF HUSBAND OR WIFE <b>William N. Schlitt</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>494-38-5261</b>	17. INFORMANT Address <b>Charles W. Schlitt Cape Gir., Mo.</b>		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Metastatic Reticulum Cell Sarcoma</b>		INTERVAL BETWEEN ONSET AND DEATH <b>8 mo</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION		COUNTY _____ STATE _____

21. I attended the deceased from **Aug. 14, 1960** to **Aug 15, 1960** and last saw her alive on **Aug 15, 1960**  
Death occurred at **1:50** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Michael P. Kasten, M.D.</b>		22b. ADDRESS <b>937 Beaulieu, Cape Girardeau, Mo.</b>	22c. DATE SIGNED <b>8-16-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Aug. 18, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Marys Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Cape Girardeau, Missouri</b>
24. FUNERAL DIRECTOR <b>Walther's Funeral Home</b>		ADDRESS <b>Cape Gir., Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>8-17-60</b>
26. REGISTRAR'S SIGNATURE <b>Jesse Kasten</b>			

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AUG 23 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Virgil W. Welch

Licensed Embalmer No. 4102

P. O. Address Cape Girardeau

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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