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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED AUG. 21 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 28073

Registration District No. 757 Primary Registration District No. ~~5998~~ 6058 Registrar's No. 355

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

92 / 1 / 0

1. PLACE OF DEATH:
(a) County ST. CHARLES
(b) City or town RURAL - ST. CHARLES TOWNSHIP
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: RR2- St CHARLES 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ______ (Specify whether
In this community ______ years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State MISSOURI (b) County ST. CHARLES
(c) City or town RURAL
(If outside city or town limits, write "RURAL")
(d) Street No. ST. CHARLES TOWNSHIP
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country ______

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3. (a) PRINT FULL NAME HENRY SCHUKNECHT
3. (b) If veteran, name war —
3. (c) Social Security No. NONE

4. Sex MALE
5. Color or race WHITE 0
6. (a) Single, widowed, married, divorced MARRIED 1
6. (b) Name of husband or wife Mary Black
6. (c) Age of husband or wife if alive 37 years
7. Birth date of deceased Jan (Month) 30 (Day) 1899 (Year)

8. AGE: Years	Months	Days	If less than one day
43	6	3	___ hr. ___ min.

9. Birthplace ST. LOUIS COUNTY (City, town, or county) MO. 0 (State or foreign country)
10. Usual occupation FARMER
11. Industry or business ______

FATHER
12. Name AUGUST SCHUKNECHT
13. Birthplace ST. LOUIS COUNTY (City, town, or county) MO. 0 (State or foreign country)

MOTHER
14. Maiden name KATHERINE BORGMANN
15. Birthplace ST. LOUIS COUNTY (City, town, or county) MO 0 (State or foreign country)

16. (a) Informant Mrs Mary Schuknecht
(b) Address ______
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof July 30 1942 (Month) (Day) (Year)
(c) Place: burial or cremation Harvester Luth. cemetery
18. (a) Signature of funeral director Hackmann - Baue
(b) Address 326 N 6th St - St Charles Mo
19. (a) July 29 1942 (Date received local registrar) (b) Clarence G. Wessler (Registrar's signature)

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MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27 year 1942 hour 8 minute P. M.
21. I hereby certify that I attended the deceased from Coroners Inquest, 19 to ______, 19__
that I last saw h__ alive on ______, 19__
and that death occurred on the date and hour stated above.

Immediate cause of death Gun shot wound of head | Duration: ist
Due to ______
Due to ______

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Other conditions ______
(Include pregnancy within 3 months of death)
Major findings:
Of operations Shattering of brain
Of autopsy ? ventricle

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) homocide
(b) Date of occurrence July 27 1942
(c) Where did injury occur? Sub station (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? on the farm lane (Specify type of place)
While at work? No (e) Means of injury Gun shot
23. Signature C. P. Erich Schulz M. D. Coroner
Address St Charles Mo Date signed 7/31/42

(Licensed Embalmer's Statement on Reverse Side)

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..............................

...., Registered Apprentice No..............................,

working under my personal supervision.

Signed Arthur C. Bauer

Licensed Embalmer No. 3144

P. O. Address St. Charles 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.