MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

REC'D AUG 26 1938

26403
Do not use this space.

1. PLACE OF DEATH
(a) County St Francois
(b) Township Marion
(c) City Valle Mines
Registration District No. 775
Primary Registration District No. 6022
Registered No. 58
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Schuler 460
(a) Residence, No. Valle Mines Mo St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Schuler
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 25 1862
7. AGE Years 75 Months 9 Days 18 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) French Village Missouri

FATHER
13. NAME Levy Aubuchon
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Frenchi Village Missouri

MOTHER
15. MAIDEN NAME Julia Lindenton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Unknown

17. INFORMANT Mrs John Aubuchon
(ADDRESS) 3735 Page St. Louis Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE French Village DATE July 16, 1938
19. FUNERAL DIRECTOR (NAME) Bernhardt Und Co.
(ADDRESS) Bonne Terre Mo
20. FILED July 16, 1938 N. W. Hawkins
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1938
22. I HEREBY CERTIFY, That I attended deceased ~~from~~ By Injured, to ~~during~~ Duties, 19..
I ~~last saw him~~ saw on July 13, 1938. Death is said to have occurred on the date stated above, at 5 30 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute indigestion	

Other contributory causes of importance: Bad Heart

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19..
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Elmer Phorrice Coroner
(Address) Flat River Mo

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 C. J. Clay

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed C. J. Claywell

Licensed Embalmer No. 3706

P. O. Address Bonne Terre Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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1. PLACE OF DEATH
(a) County St Francois Registration District No. 775
(b) Township Marion Primary Registration District No. 6022 Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mary Schiler
(a) Residence, No. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wid

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
75	9	18	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
15. MAIDEN NAME
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 13, 1938

22. I HEREBY CERTIFY, That I attended deceased from 19 to 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
acute Indigestion	
Undetermined	
Other contributory causes of importance	
Bad Heart	
Chronic myocarditis	

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Elenor Province, M. D.
(Address) Flat River Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT ... CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.