

REC'D JUN 8 1939

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

18563

Do not use this space.

## 1. PLACE OF DEATH

(a) County Franklin Registration District No. 297  
 (b) Township \_\_\_\_\_ Primary Registration District No. 3016  
 (c) City Washington (d) Street No. 717 East Third St. 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 0 yrs. 0 mos. 0 ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Charles Raymond Schlagenstein

(a) Residence, No. 717 East Third St. Washington, Mo  
 (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 male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20, 1939

7. AGE YEARS 0 MONTHS 0 DAYS 0 If LESS than 1 day, hrs. 25 min.

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. Stillborn  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Washington 0  
(STATE OR COUNTRY) Missouri

FATHER 13. NAME Raymond H. Schlagenstein 0

14. BIRTHPLACE (CITY OR TOWN) Linn 0  
(STATE OR COUNTRY) Missouri

MOTHER 15. MAIDEN NAME Bernice C. Mohesky

16. BIRTHPLACE (CITY OR TOWN) Washington  
(STATE OR COUNTRY) Missouri

17. INFORMANT Ray Schlagenstein  
(ADDRESS) Washington, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Mo. DATE 5/21/39

19. FUNERAL DIRECTOR Otto & Co.  
(ADDRESS) Washington, Mo.

20. FILED May 21, 1939 H.A. May  
Local Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/20 1939

22. I HEREBY CERTIFY. That I attended deceased from 5/20/39, 1939 to 5/20/39, 1939

I last saw him alive on 5/20/39, 1939. Death is said to have occurred on the date stated above, at 10:40 p.m.

The principal cause of death and related causes of importance were as follows:

Child did not breathe after delivery. Heart beat was present for about 20 min. (Date of onset)

Other contributory causes of importance: 158

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 \_\_\_\_\_, 1939

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) J.P. Frost, M. D.

270 (Address) Washington Mo.

3:30 church Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

90M-7-20-37 I X12004

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

*Not Embalmed*

**STATEMENT BY LICENSED EMBALMER**

I, \_\_\_\_\_, Licensed Embalmer No. \_\_\_\_\_  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by \_\_\_\_\_  
\_\_\_\_\_, L. E. \_\_\_\_\_  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.

*Not Embalmed*  
*[Signature]*

Signed \_\_\_\_\_  
Licensed Embalmer No. \_\_\_\_\_

**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.)**