

DEC 1 1939

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

40008
Do not use this space.

1. PLACE OF DEATH
 (a) County Jefferson 2 Registration District No. 422
 (b) Township Central 1 Primary Registration District No. 5577
 (c) City (d) Street No. Registered No.
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? 6/ yrs. mos. ds.
 2. PRINT FULL NAME ALBERT SCHAELECH
 (a) Residence, No. Debits R.R. #2 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 9 1848
 7. AGE YEARS 91 MONTHS 0 DAYS 13 If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 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) Germany

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

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

17. INFORMANT (ADDRESS) Aug. Lueb Victoria, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hillsboro Mo DATE Nov. 26 1939

19. FUNERAL DIRECTOR (ADDRESS) Donnell B. Deibel Debits Mo

20. FILED Nov 30, 1939 Medred Perry Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 22 1939

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 November 22.

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

Verdict of Coroner jury
Death from Natural Cause

Other contributory causes of importance:

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) M. O'Farrell, Acting Coroner, Hillsboro Mo

907 (Address) Hillsboro Mo

MARGIN RESERVED FOR BINDING

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

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.

V. S. NO. 2.
50M-7-20-37

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STATEMENT BY LICENSED EMBALMER

I, Jonell B. Dietrich, Licensed Embalmer No. 4104

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Jonell B. Dietrich

Licensed Embalmer No. 4104

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.)