FILED FEB 7 1940

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

2905
Do not use this space.

1. PLACE OF DEATH

(a) County Lawrence — 3 Registration District No. 470

(b) Township — Primary Registration District No. 5633 — Registered No. 5

(c) ~~City~~ or Mt. Vernon Twp — (d) Street No. Missouri State Sanatorium 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. 6 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

140

2. PRINT FULL NAME Walter Jacob Scheibli

(a) Residence, No. St. Louis, Missouri 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 24, 1891

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	48	9	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Clerk

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) September 1938

11. Total time (years) spent in this occupation

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

FATHER

13. NAME Robert Jame Scheibli 1

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville Kentucky 1

MOTHER

15. MAIDEN NAME Carrie Voltz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Orleans Louisana

17. INFORMANT (ADDRESS) E. McMichael, Record Clerk Missouri State Sanatorium

18. BURIAL, CREMATION, OR REMOVAL
PLACE St Louis - Mo DATE Jan 10th 1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Fossett Funeral Home Mt Vernon, Mo

20. FILED Jan. 12 1940 P. A. Holmes
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 10, 1940 1940

22. I HEREBY CERTIFY, That I attended deceased from July 11th, 1939, to Jan 10, 1940 xxxx
I last saw him alive on Jan 10, 1940. Death is said to have occurred on the date stated above, at 11:45 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary tuberculosis	1935

Other contributory causes of importance:

Tuberculous enteritis

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) Maurice L. Jones, M. D.
421 (Address) Mt Vernon, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 6,
District File Number 240-3404
Date Filed FEB 6 1940

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 Mrs H. D Fossett

Licensed Embalmer No. 2720

P. O. Address Mt. Vernon

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.