

SEP 23 1940

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28474

Registration District No. 502

Primary Registration District No. 5426

Registrar's No.

## 1. PLACE OF DEATH:

(a) County Gasconade  
(b) City or town Rural Bourbon's Township State Missouri  
(c) Name of hospital or institution: \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)(If not in hospital or institution, write street number or location) 2

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether

In this community 29 years 9 M - 6 days  
years, months or days)3. (a) PRINT FULL NAME ESTER MALINDA MARIE SCHEEL3. (b) If veteran, name war no 3. (c) Social Security No. no4. Sex FEMALE 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if

7. Birth date of deceased NOVEMBER 25 1910  
(Month) (Day) (Year)8. AGE: Years 29 Months 9 Days 6 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace BLAND MISSOURI  
(City, town, or county) (State or foreign country)10. Usual occupation none

11. Industry or business \_\_\_\_\_

12. Name Charles Scheel13. Birthplace Germany  
(City, town, or county) (State or foreign country)14. Maiden name Caroline Drusch15. Birthplace Bland Missouri  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Charles Scheel(b) Address Bland, Missouri17. (a) Burial (b) Date thereof Sept 2 1940  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bern Exp. Cemetery18. (a) Signature of funeral director W. H. Stottenharter(b) Address Owensville Mo19. (a) Sept 2 1940 (b) Mrs. M. M. Mullen  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

(a) County Gasconade State Missouri (b) County Gasconade  
(c) City or town Rural  
(If outside city or town limits, write "RURAL")(d) Street No. Bland, Mo. P. O. #1  
(If rural, give location)

(e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 31  
year 1940 hour 2 minute 15 P. M.21. I hereby certify that I attended the deceased from  
May 6, 1940 to Aug. 31, 1940;that I last saw h. e. r. alive on Aug. 31, 1940  
and that death occurred on the date and hour stated above.Immediate cause of death Recurrence of malignant brain tumor Duration 1 year

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## 22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

270 (Specify type of place) \_\_\_\_\_  
While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_23. Signature Paul H. Jones (M. D. or other) MDAddress Owensville, Mo. Date signed 9-1-40

**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 ME

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

Signed W. H. Gottenstreiter

Licensed Embalmer No. 1444

P. O. Address Owensville 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, above space should be left blank.**