

FILED NOV 15 1940

Registration District No. 24

Primary Registration District No. 3009

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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County Cape Girardeau

(b) City or town Cape Girardeau
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution St. Francis Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 days
(Specify whether years, months or days)

3. (a) PRINT FULL NAME Sylvester Edward Schott

3. (b) If veteran, name war _____

3. (c) Social Security No. None

4. Sex Male

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 alive _____ years

7. Birth date of deceased January 28, 1923
(Month) (Day) (Year)

8. AGE: Years 17 Months 8 Days 26 If less than one day hr. _____ min. _____

9. Birthplace Biehle Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

MOTHER FATHER { 12. Name Lorena Schott

13. Birthplace Cape County Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Etha Schemel

15. Birthplace Cape County Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Lorena Schott

(b) Address Biehle Mo

17. (a) Burial (b) Date thereof Oct. 26, 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Biehle Catholic Cem.

18. (a) Signature of funeral director Ben Funeral Home

(b) Address Perryville Mo

19. (a) 10-24-40 (b) Jim Thompson
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Perry

(c) City or town Biehle
(If outside city or town limits, write "RURAL")

(d) Street No. R.F.D. #1
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10 day 24 year 40 hour 7 minute 30 A.M.

21. I hereby certify that I attended the deceased from 10/22, 1940, to 10/24, 1940, that I last saw him alive on 10/23, 1940; and that death occurred on the date and hour stated above.

Immediate cause of death _____

Menigitis
(Pneumoococci)

Due to _____

Due to _____

Other conditions (Include pregnancy within 3 months of death) None

Major findings: _____

Of operations _____

Of autopsy None

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature A. H. Querry (M. D. or other) M.D.

Address Cape Girardeau State signed Mo

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..... *Albert Bey*
Licensed Embalmer No. *3866*
P. O. Address *Perryville, 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, fact should be so stated above.