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21492

State File No. _____

Registration District No. 754

Primary Registration District No. 44545-997

Registrar's No. 17

NOV 21 1940

1. PLACE OF DEATH:

(a) County St Charles
(b) City or town West Alton, Mo - Postage Township
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days 2

8. (a) PRINT FULL NAME Edward Thomas Schaub.

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race White 6. (a) ~~Single, widowed, married, divorced~~ Divorced
6. (b) Name of husband or wife Friedricha Koelling 6. (c) Age of husband or wife if alive deceased years
7. Birth date of deceased 10 2 1891
(Month) (Day) (Year)

8. AGE: Years 69 Months 0 Days 1 If less than one day _____ hr. _____ min.

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

10. Usual occupation Laborer

11. Industry or business _____

12. Name Charles Schaub

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Emma Roark

15. Birthplace West Alton
(City, town, or county) (State or foreign country)

16. (a) Informant Elmer Schaub

(b) Address West Alton, Mo

17. (a) Burial (b) Date thereof 10-10-1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Roark Cemetery

18. (a) Signature of funeral director H.C. Dallenmyer & Sons Co

(b) Address 800 N 2nd - St Charles Mo

19. (a) _____ (b) Rose Barnard
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles
(c) City or town West Alton, Mo
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3rd
year 1940 hour some time minute afternoon

21. I hereby certify that I attended the deceased from _____
Held Inquest October 8th 1940, 19____;
that I last saw him alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Drowning

Due to "Believed to be an act of his own design."

Due to _____

Other conditions (Include pregnancy within 3 months of death) 164

Major findings: Of operations _____

Of autopsy NO

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) Suicide

(b) Date of occurrence Oct. 3rd 1940

(c) Where did injury occur? near West Alton, Mo.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Missouri River
(Specify type of place)

While at work? No (k) Means of injury 5

23. Signature John H. Buse (M.D. or other) Coroner

Address Coroner St. Charles Co. Mo
Date Oct-8-40

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

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 _____

Joseph Landolt

Registered Apprentice No. *243*

working under my personal supervision.

Signed _____

John E. Dallmeyer

Licensed Embalmer No. *2957*

P. O. Address _____

St Charles 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.