

JAN 25 1941

Registration District No. 759

Primary Registration District No. 6000

Registrar's No. 2

1. PLACE OF DEATH:

(a) County St Charles Co
 (b) City or town Rural
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Rural
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
(Specify whether)
 In this community 28 Yrs
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charles
 (c) City or town Rural
(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.

3. (a) PRINT FULL NAME Louis C. Wildschuetz

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

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Eliza Wildschuetz 6. (c) Age of husband or wife if alive 67 years
 7. Birth date of deceased Nov 23 1870
(Month) (Day) (Year)

8. AGE: Years 70 Months _____ Days 18 If less than one day
hr. _____ min.

9. Birthplace St Charles Co Mo
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Christopher Wildschuetz
 13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Heneretta Bhandoroff
 15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant John Wildschuetz
 (b) Address Forstle Mo

17. (a) Burial (b) Date thereof Dec 14 1940
(Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Caplien Mo

18. (a) Signature of funeral director Marion Mumby
 (b) Address Hamburg, Mo

19. (a) see 12-40 (b) O.A. Mumby
(Data received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11th
 year 1940 hour 9:30 minute 1 M.

21. I hereby certify that I attended the deceased from _____
Coronet Care, 19____;
 that I last saw h_____ alive on _____, 19____;
 and that death occurred on the date and hour stated above.

Immediate cause of death _____

Due to Acute dilatation of heart

Due to Chr. Myocarditis

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

Major findings: Of operations no

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) _____
 (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.P. Paul Schick (M. D., death) 5
 Address St Charles Mo Date signed 12/14/40

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

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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.....

Licensed Embalmer No. *2465*

P. O. Address *Hampton*

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.