

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 26 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 31833

Registration District No. 421

Primary Registration District No. 5575A

Registrar's No. 60

1. PLACE OF DEATH:

(a) County Jefferson

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

(c) Name of hospital or institution: 1

(If not in hospital or institution, write street number or location)

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

In this community 73 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Jefferson ⁵⁹

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

(d) Street No. 217 Broadway
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country 0

3. (a) PRINT FULL NAME William Santschi

3. (b) If veteran, name war no

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 16th day Aug
year 1941 hour..... minute 189 M.

21. I hereby certify that I attended the deceased from May 40
..... 19..... to Aug 16 1941;

that I last saw him alive on Aug 16
and that death occurred on the date and hour stated above.

4. Sex M.L. 5. Color or race W.

6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Alice Dallmann

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased October 27 1858
(Month) (Day) (Year)

Immediate cause of death.....

Due to Chronic Inflammation
Bladder

Due to Papilloma?

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

8. AGE:

Years	Months	Days	If less than one day
<u>82</u>	<u>9</u>	<u>19</u>	hr. min.

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN.....

Underline (the cause to which death should be charged statistically).....

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

10. Usual occupation Stationary Engineer

11. Industry or business Glass Manufacturing

12. Name John Santschi

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

14. Maiden name Mary Ann Lemke

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

16. (a) Informant Mrs Wm Santschi

(b) Address Crystal City, Mo.

17. (a) Burial (b) Date thereof 8-18-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Grace Presbyterian Church

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.....

Signature J. J. Powell (M. D. or other)

Address Crystal City, Mo. Date signed 8-16/41

18. (a) Signature of funeral director Walter Vineyard

(b) Address Festus, Mo.

19. (a) Aug 18-41 (b) J. E. Rutledge, M.D.
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

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

Signed.....

Al W. Myard

Licensed Embalmer No. 3010

P. O. Address.....

Testimony

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.