

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

Registration District No. 757

Primary Registration District No. 3036

Registrar's No. 268

1. PLACE OF DEATH:

(a) County St. Charles
(b) City or town St. Charles, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
912 S. Fifth Street
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community..... 1 (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles
(c) City or town St. Charles
(If outside city or town limits, write "RURAL")
(d) Street No. 912 - S. Fifth Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William J. Schotte

3. (b) If veteran, name war No 3. (c) Social Security No. None

4. Sex Male 5. Color or race White 5. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Anna Schotte 6. (c) Age of husband or wife if alive 67 years
7. Birth date of deceased January 23 1865
(Month) (Day) (Year)

8. AGE: Years 76 Months 7 Days 10 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Laborer

MOTHER FATHER { 12. Name Louis Schotte
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Anna Schotte
(b) Address 912 S. Fifth, St. Charles, Mo.

17. (a) Burial (b) Date thereof Sept. 4 - 1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation St. John's Cem. St. Charles, Mo.

18. (a) Signature of funeral director A. C. Dellmeyer & Sons Co.
(b) Address 800 N. Second - St. Charles, Mo.

19. (a) 9-2-41 (b) Clarence P. Messer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 3 year 1941 hour 2 minute 0 M.

21. I hereby certify that I attended the deceased from May 28, 1941, to Sept 3rd, 1941 that I last saw him alive on Sept 2nd, 1941 and that death occurred on the date and hour stated above.

Immediate cause of death Gastric hemorrhage 6 hrs.
Due to Carcinoma of Stomach
Other conditions 2 yrs +
(Include pregnancy within 3 months of death)

22. Major findings: Of operations 46 hr
Of autopsy —
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?

23. Signature W. P. Eriach, Schuch (Specify type of place) (c) Means of injury
Address St. Charles Mo Date signed 9/5/41

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 *John E. Dellmeyer*

Licensed Embalmer No. *2951*

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, fact should be so stated above.