

FILED JAN - 7 1943

Registration District No. 21

Primary Registration District No. 3059

Registrar's No. 67

1. PLACE OF DEATH: St. Francis
 (a) County: Bonne Terre
 (b) City or town: Bonne Terre
 (c) Name of hospital or institution: Bonne Terre Hospital
 (d) Length of stay: In hospital or institution: One day
 In this community: Two Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State: Missouri (b) County: St. Francis
 (c) City or town: Desloge
 (d) Street No.
 (e) Citizen of foreign country? No

3. (a) PRINT FULL NAME: Ida Mae Schlenker
 3. (b) If veteran, name war: 3. (c) Social Security No.

4. Sex: Female
 5. Color or race: White
 6. (a) Single, widowed, married, divorced: Widowed
 6. (b) Name of husband or wife: Julius Schlenker
 6. (c) Age of husband or wife if alive: years
 7. Birth date of deceased: May 30 1878

8. AGE: Years 64 Months 6 Days 12

9. Birthplace: Bonne Terre, Missouri

10. Usual occupation: Care of Home

11. Industry or business:

MOTHER FATHER
 12. Name: John T. Gall
 13. Birthplace: Kentucky
 14. Maiden name: Henrietta Weststover
 15. Birthplace: Kentucky

16. (a) Informant: C. W. Murrill
 (b) Address: Flat River, Mo.

17. (a) Removal (b) Date thereof: Dec. 14, 1942

(c) Place: burial or cremation: Ave. Illinois

18. (a) Signature of funeral director: C. J. Bayler

(b) Address: Desloge Mo.

19. (a) Dec. 13 1942 (b) Registrar's signature: Byron B. Bumester

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 12 day 12 year 1942 hour 3 minute 20 a.m.
 21. I hereby certify that I attended the deceased from 12-11 to 12-12
 that I last saw her alive on 12-11 and that death occurred on the date and hour stated above.
 Immediate cause of death: Pulled broncho-pneumonia
 Other conditions: chr hypertrophic arthritis
 Major findings: Of operations: 107
 Of autopsy:

Duration

12 days

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) Means of injury
 23. Signature: H. O. ... (M. D. or other) Address: Desloge Mo. Date signed: 12-12-42

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

94
2
1

94
0
0

District Health Officer No. 4
District File Number 143-1534
Date Filed 1-5-43

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 C. G. Boyer 1971
Licensed Embalmer No. Desloge
P. O. Address Missouri

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.