S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 23455

FILED JUL 24 1943

Registration District No. 1318

Primary Registration District No. 1003

Registrar's No. 6423

1. PLACE OF DEATH:

(a) County

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

(c) Name of hospital or institution: Missouri Baptist Hospital
(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) 1 Day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Washington 110

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

(d) Street No. Rural Route # 5 WR
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Oscar Schatz

3. (b) If veteran, name war None

3. (c) Social Security No. 496-14-6440

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Diveta Schatz

6. (c) Age of husband or wife if alive 36 years

7. Birth date of deceased December (Month) 13 (Day) 1901 (Year)

8. AGE: Years 41 Months 7 Days 1 If less than one day hr. min.

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

10. Usual occupation Shoe - worker

11. Industry or business Shoe

FATHER
12. Name William A. Schatz
13. Birthplace Sullivan (City, town, or county) Missouri (State or foreign country)

MOTHER
14. Maiden name Olemia Simmons
15. Birthplace Sullivan (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Rob't Schatz
(b) Address 811 Main, Jefferson City, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/15/43 (Month) (Day) (Year)
(c) Place: burial or cremation Sullivan, Missouri

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.

19. (a) JUL 15 1943 (Date received local registrar) (b) J F Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 14 year 1943 hour 9 minute 07 P M.

21. I hereby certify that I attended the deceased from July 14 43 ~~July~~, 19 to July 14, 1943, that I last saw him alive on July 14, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Streptococcus infection	5 da
Due to: abscess & cellulitis of face	6 da
Due to: Cause not known	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy no	

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) no

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature James A. Forsen (M.D. or other) MD

Address 3903 Olive Date signed 7-15-43

(Licensed Embalmer's Statement on Reverse Side)

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 J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address Ct

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.