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

FILED MAY 1 1944

State File No. \_\_\_\_\_

Registration District No. 370

Primary Registration District No. 3052

Registrar's No. 45

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:  
RR # 2 - Box 151 -  
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Charles  
(c) City or town St. Charles, Mo.  
(If outside city or town limits, write "RURAL")  
(d) Street No. RR 2 - Box 151  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME

August C. Schultehensich

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Josephine (Klaas) Schultehensich 6. (c) Age of husband or wife if alive 71 years

7. Birth date of deceased May 19 1868  
(Month) (Day) (Year)

8. AGE: Years 75 Months 10 Days 17 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Dairy Man

11. Industry or business \_\_\_\_\_

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Ham. Schultehensich  
(b) Address St. Charles, Mo.

17. (a) Burial (b) Date thereof Mar. 9, 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peter's Cem. St. Charles, Mo.

18. (a) Signature of funeral director H. C. Dallmeier & Sons Co.  
(b) Address 201 N. Second, St. Charles, Mo.  
19. (a) 3/8-44 (b) Conrad C. Paul  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 6  
year 1944 hour 5 minute 7 M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_  
Coroner's Viewing of Body  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_  
Cancer of Oesophagus.

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions Gen Arteriosclerosis  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy H&A

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. Erich Schultehensich  
Address St. Charles, Mo. Date signed 3/8/44

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

1340

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 9,

District File Number.....

Date Filed 4. 21 44

SEP 22 1944

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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

*John E. Dallmeyer*

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.