S. No. 2
M—1-4-41
v. 5-17-39
I X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED NOV 10 1944

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 35455

Registration District No. 395

Primary Registration District No. 6118

Registrar's No.

1. PLACE OF DEATH:
(a) County Scott
(b) City or town Perkins Sylvania Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: ✓
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ✓ (Specify whether
In this community 24 yrs.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County Scott
(c) City or town Perkins Mo
(If outside city or town limits, write "RURAL")
(d) Street No.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Anna Margret Schott
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~~ M
6. (b) Name of husband ~~or wife~~ Lawerence Schott
6. (c) Age of husband ~~or wife if~~ alive 49 years
7. Birth date of deceased August (Month) 10 (Day) 1895 (Year)

8. AGE:	Years	Months	Days	If less than one day
	49	1	24	✓ hr. ✓ min.

9. Birthplace Wenn Allen Mo (City, town, or county) ✓ (State or foreign country)
10. Usual occupation House Wife
11. Industry or business ✓
FATHER
12. Name Hugo Hevenstreit
13. Birthplace ✓ (City, town, or county) Germany (State or foreign country)
MOTHER
14. Maiden name Zita Stickler
15. Birthplace Whitewater Mo (City, town, or county) ✓ (State or foreign country)
16. (a) Informant Lawerence Schott
(b) Address Perkins Mo
17. (a) Burial (Burial, ~~cremation, or removal~~) (b) Date thereof 10 (Month) 7 (Day) 44 (Year)
(c) Place: burial or ~~cremation~~ Catholic Cemetery Oran
18. (a) Signature of funeral director T.S. Heisseret & Co
(b) Address Oran Mo
19. (a) 11/4/44 (Date received local registrar) (b) G. Flickman (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 5
year 1944 hour 3 minute 15 A.M.
21. I hereby certify that I attended the deceased from 1st Sept 1944 to Oct 5 1944
that I last saw her alive on Oct 3 1944
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary occlusion	
Due to Chronic Myocarditis	
Due to	
Other conditions (Include pregnancy within 3 months of death) 93d	
Major findings: Of operations	
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?
(Specify type of place)
While at work? (e) Means of injury
23. Signature E. C. Masters (M. D. or other) DO.
Address Advance Mo. Date signed Oct 6 44

732 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Office No. 2,
District File Number 1944-1507
Date Filed 11-8-44

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.