S. No. 2
M—5-43
7. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3850

FILED JAN 21 1946

Registration District No. 804 Primary Registration District No. 6046 Registrar's No. 1

100821

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

1. PLACE OF DEATH:

(a) County St Charles

(b) City or town Rural Callaway 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 None (Specify whether
In this community Ten years
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County St Charls 92

(c) City or town Rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. Near Wentzville, Mo 0
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME Jacob Skuy

3. (b) If veteran, name war

3. (c) Social Security No. None

4. Sex M

5. Color or race W

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

6. (b) Name of ~~husband~~ or wife Carrie Skuy

6. (c) Age of ~~husband~~ or wife if alive 57 years

7. Birth date of deceased March (Month) 3th (Day) 1879 (Year)

8. AGE: Years 66 Months 9 Days 18 If less than one day hr. min.

9. Birthplace (City, town, or county) Russia 6 (State or foreign country)

10. Usual occupation Farmer

11. Industry or business

FATHER
12. Name Jacob Skuy 1
13. Birthplace (City, town, or county) Russia 6 (State or foreign country)

MOTHER
14. Maiden name Eliza Dincher 1
15. Birthplace (City, town, or county) Russia 6 (State or foreign country)

16. (a) Informant Carrie Skuy
(b) Address Wentzville, Mo

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec, 24, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles St Louis

18. (a) Signature of funeral director Mann Mischeng
(b) Address Wentzville, Mo

19. (a) Dec. 24 1945 (Date received local registrar) (b) Jennie Giessmann (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 21 year 1945 hour 4 30 minute A M.

21. I hereby certify that I attended the deceased from Mar. 1945 to Dec. 1945 that I last saw him alive on 12/20 1945 and that death occurred on the date and hour stated above.

Immediate cause of death Adeno-Carcinoma of Rectum

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy 46

Duration

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 H. C. McMurray (M. D. or other) M.D.

Address Wentzville, Mo Date signed 12/22/45

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(Licensed Embalmer's Statement on Reverse Side)

MAY 20 1946

RECEIVED
District Health Officer No. 9
District File Number
Date Filed 1-18-46

MAY 21 1946

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 Marion Musgrove

Licensed Embalmer No. 2461

P. O. Address Wentzville, 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.