

No. 2
-12-45
-17-39
X47070

FILED JAN 7 1947 318
Registration District No.

Primary Registration District No. 1003

Registrar's No. 11036

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:
Bethesda 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)

3. (a) PRINT FULL NAME **Thelma Schlater**
3. (b) If veteran, name war **Nil**
3. (c) Social Security No. **Unknown**

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **William Schlater** 6. (c) Age of husband or wife if alive **29** years
7. Birth date of deceased **March 3 1918**
(Month) (Day) (Year)

8. AGE: Years Months Days **20**
28 9 18
If less than one day _____ hr. _____ min.

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

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Green Plymale**

13. Birthplace **West Forks Missouri**
(City, town, or county) (State or foreign country)

14. Maiden name **Ethel Moore**

15. Birthplace **West Forks Missouri**
(City, town, or county) (State or foreign country)

16. (a) Informant **William Schlater**

(b) Address **Patterson, Mo.**

17. (a) **Burial** (b) Date thereof **12-24-46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Patterson, Missouri**

18. (a) Signature of funeral director **Albert H. Hoppe**

(b) Address **4700 Washington Blvd.**

19. (a) **DEC 23 1946** (b) **J. F. Brewer**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **Wayne**
(c) City or town **Patterson**
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Dec.** day **23**
year **1946** hour **2** minute **28** **a** M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death **93rd degree burns of 35% of body when she used kerosene to start a fire causing an explosion which destroyed their home at Patterson, Mo. on Dec. 18, 1946 about 4:30 P.M.**

Estimated Damage to Building **1500.00 and 6 contents approximately \$400.00**

Other conditions (Include pregnancy within 3 months of death) _____
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:

(c) **Accident, suicide, or homicide** (specify) _____

(b) Date of occurrence **Dec 18, 1946**

(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? **Home**

While at work? _____ Means of injury _____

23. Signature **Catriel E Taylor** (Print name)

Address **1300 Clark** Date signed **12-23-46**

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

MOTHER FATHER

FEB 14 1947

JAN 13 1947

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.....
.....
Licensed Embalmer No. 4053
P. O. Address St. Louis, 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.