

No. 2
12-45
17-39
X47070

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 2 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16958

State File No. _____

Registration District No. 82

Primary Registration District No. 3017

Registrar's No. 70

1. PLACE OF DEATH:

(a) County COOPER

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

(c) Name of hospital or institution: ST. JOSEPH'S HOSPITAL
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 WEEKS
(Specify whether in this community LIFE years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County COOPER 27

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

(d) Street No. R.F.D. 4
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME MRS KATHARINA GERHARDT SCHLER

3. (b) If veteran, name war NONE

3. (c) Social Security No. NONE

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 12th
year 1947 hour 3:29 minute a M.

4. Sex FEMALE 5. Color or race WHITE

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

6. (b) Name of husband or wife ANTON SCHLER

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

7. Birth date of deceased JANUARY 31 - 1887
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Mar 12 1947, to 5-12 1947
that I last saw h. a alive on 5-11 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Symphotic Leukemia Duration 2 mos

8. AGE:	Years	Months	Days	If less than one day
	<u>60</u>	<u>3</u>	<u>12</u>	hr. _____ min. _____

Due to _____

Due to _____

9. Birthplace NORTH DAKOTA
(City, town, or county) (State or foreign country)

Other conditions Influenza on 3-12-47 -
(Include pregnancy within 3 months of death)

10. Usual occupation HOUSEWIFE

Major findings: Of operations none

Of autopsy none N/A

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

11. Industry or business HOME

12. Name JOSEPH GERHARDT

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

14. Maiden name KATHARINA KRUMM

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

16. (a) Informant ANTON SCHLER

(b) Address BOONVILLE - MO.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof 5/14/47
(Month) (Day) (Year)

(c) Place: burial or cremation BILLINGSVILLE - MO.

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? _____

18. (a) Signature of funeral director STEGNER FUNERAL HOME

(b) Address BOONVILLE MO.

19. (a) 5-15-47 (Date received local registrar) (b) [Signature] (Registrar's signature)

While at work? _____ (Specify type of place)

(c) Means of injury 11

23. Signature W. E. Stone (M. D. or other) M.D.

Address Boonville Mo Date signed 5-14-47

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

RECEIVED

istrict Health Officer No. 8,

istrict File Number

Date Filed

5-29-47

MAY 7 1948

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.....

HARRY E. MONROE

Registered Apprentice No. 485

working under my personal supervision.

Signed

James W. Stegner

Licensed Embalmer No. 3780

P. O. Address. BOONVILLE - 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.