

No. 300
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FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED DEC 31 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

42113
State File No. 2875
Registrar's No.

Registration District No. 37

Primary Registration District No. 6076

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

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Manchester
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Manchester Nursing Home
(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 Mo. (b) County St. Louis
(c) City or town Wellston
(If outside city or town limits, write "RURAL")
(d) Street No. 6465 Derby Ave.
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME MARIE SCHLECHT.
(b) If veteran, name war No
3. (c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 14
year 1948 hour 2.30 minute A.M.

4. Sex Female 5. Color or race White
6. (a) Single, widowed, married, divorced Widowed
6. (b) Name of husband or wife William Schlecht
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Nov. 22, 1864.
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 14 1948 to Dec 14 1948
that I last saw her alive on Dec 13 1948
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day
84 0 22 hr. min.

Immediate cause of death
Chr. myocarditis
Senility
Due to _____
Due to 93d
Other conditions (Include pregnancy within 8 months of death)
Major findings: Of operations _____
Of autopsy _____

9. Birthplace Germany
(City, town, or county) (State or foreign country)
10. Usual occupation Retired

11. Industry or business _____
12. Name Mathew Dilschneider
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Margaret Patton
15. Birthplace Germany
(City, town, or county) (State or foreign country)

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Matilda Reitz
(b) Address 6465 Derby Ave.
17. (a) Burial (b) Date thereof Dec. 16/48.
(Burial, cremation, or removal) (Month) (Day) (Year)

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? _____

(c) Place: burial or cremation Calvary Cem.
18. (a) Signature of funeral director JOS. W. Clark
(b) Address 1125 Hodiamont Ave.
19. (a) 12/14/48 (b) Thuid V. Hingert
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
(e) Means of injury _____
23. Signature [Signature] M. D. or other _____
Address Blue Oaks, Joplin, Mo.

Dr. C.H. Denny
011ve St. Road
Te. 4-2361.

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 *Gustav W. Dittels*.....

Licensed Embalmer No. *4329*.....

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.