7.5. No.300	THE DIVISION OF HEALTH OF MISSOURI FILED DEC 8 1949 STANDARD CERTIFICATE OF DEATH State File N 361	197
KEV. 10.48		390
2	1. PLACE OF DEATH a. COUNTY ANAY EW 2. USUAL RESIDENCE (Where deceased lived. If Institution a. STATE m. SSAUY) b. COUNTY And	on: residence before
O O O	b. CITY (If outside corporate limits, write RURAL and give OR OR BOLCKOW STAY (In this place) TOWN BOLCKOW	0
	d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION A CHAPTER (If rural, give location) ADDRESS (If rural, give location)	۵
	(Type or Print) JACOLD WALTER SCHILdthnecht DEATH 1/- 30	Day) (Year) 1-/949
ANEN	5. SEX 6. COLOR OR RACE 7. MARRIED, NEVER MARRIED, 8. DATE OF BIRTH 9. AGE (In years) 15 under 1 172 Months Day 72 Months Day 72	
/ PERMANENT	PATBEY STATE HOSPITAL HENYY CO Ind	CITIZEN OF WHAT OUNTRY?
◄	John Schildt Hnecht Christina Ceb Hart Lola Schildt	Knechr
-МАКЕ	15. WAS DECEASED EVER IN U.S. ARMED, FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME NO. 18.	ADDRESS BOLLOW
INK—	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	NTERVAL BETWEEN ONSET AND DEATH
CK	*This does not mean the mode of dying, such Aforbid conditions, if any, giving DUE TO (b)	
G BLA	etc. It means the discussed in the underlying cause last. DUE TO (c)	
UNFADING	tion which caused death. 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	1200
UNE	TION	YES NO
E PLAINLY—USING	21a. ACCIDENT (Bpecify) SUICIDE HOMICIDE SUICIDE HOMICIDE SUICIDE HOMICIDE SUICIDE HOMICIDE SUICIDE SU	(STATE)
	21d. TIME (Month) (Day) (Year) (Hour) 21e. INJURY OCCURRED 21f. HOW DID INJURY OCCUR? OF INJURY WORK AT WORK	Page
	22. I hereby certify that I attended the deceased from Quy, 1949, to MAN 30, 1949, that I last sa alive on NOV 30, 1949, and that death occurred at 81130 m., from the causes and on the date stated at	
	Dr. W. Logan wood MD. Bricker mo	2-2-49
WRITE	24a. BURIAL. CREMA- 26b. DATE 124c. NAME OF CEMETERY OR CREMATORY 24d. LOCATION (City, torm, or county)	(State)
_	12-2-49 LOCAL REGISTRAR'S SIGNATURE 3 STEWERAL DIRECTOR'S SIGNATURE ADDRESSA	Wannsh
	(Licensed Embalmer's Statement on Reverse Side)	



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the	ne reverse side of this certificate was embalmed by me, or by
	Student Embalmer No.
orking under my personal supervision.	DI IN

Licensed Embalmer No. 4472

P. O. Address Savannah

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.