

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-044699  
STATE FILE NUMBER

FILED JAN 5 1958

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>JEFFERSON</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ROCK TOWNSHIP</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>RURAL</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>KILLED ON HIGHWAY 6-67 IMPERIAL Mo</b>		Length of stay in 1b <b>NEAR</b>	d. STREET ADDRESS (If outside, give location) <b>NEAR ARNOLD Mo</b>
3. NAME OF DECEASED (Type or print) First <b>ALFRED</b> Middle <b>PAUL</b> Last <b>SCHLOTTACH</b>		4. DATE OF DEATH Month <b>DEC.</b> Day <b>20.</b> Year <b>1958</b>	
5. SEX <b>M.</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <b>APR 8. 1908</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CLERK</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>SURGICAL SUPPLY</b>	9. AGE (In years last birthday) <b>50</b>
13a. FATHER'S NAME <b>ROBERT C SCHLOTTACH</b>		13b. MOTHER'S MAIDEN NAME <b>CLARA J. Sewell</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>489-07-7416</b>	17. INFORMANT Address <b>SHIRLEY HOFFMEYER ARNOLD Mo</b>
16. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>TRAUMA due to auto Accident</b>			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>Three car Accident</b>	
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>Rock Twp. Jeff. Mo</b>
21. I attended the deceased from <b>Englewood</b> to _____ and last saw him alive on _____ Death occurred at _____ <b>3:00 P.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>James C. Schlotz D.C. Crown</b>		22b. ADDRESS <b>Jefferson Mo.</b>	22c. DATE SIGNED <b>12/29/58</b>
23a. BURIAL, CREMATION, OR REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>DEC 29. 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>St. Peters Cem.</b>	23d. LOCATION (City, town, or county) (State) <b>ST. Louis Mo</b>
24. FUNERAL DIRECTOR ADDRESS <b>HEILIGTAG --- IMPERIAL Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>12-23-58</b>	26. REGISTRAR'S SIGNATURE <b>Robert E. Bauer</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 15 1958

FEB 24 1959

DATE RECEIVED DEC 31 1958

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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Arthur W. Shultz*

Licensed Embalmer No. *3872*

P. O. Address *Impresso*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.