

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-028197

AMENDED

Registration District No. 370

Primary Registration District No. 6255

Registrar's No. 64

STATE FILE NUMBER

FILED JUL 26 1961

1. PLACE OF DEATH a. COUNTY <u>WAYNE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>COWAN TOWNSHIP</u>		c. CITY OR TOWN <u>St. Louis</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <u>6919 Minnesota</u>	
3. NAME OF DECEASED (Type or print) First <u>DENNIS</u> Middle <u>CHARLES</u> Last <u>SCHLAIKJER</u>		4. DATE OF DEATH Month <u>JULY</u> Day <u>20</u> Year <u>1961</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>AUG. 21, 1931</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ASS'T MACHANIC</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>UNION ELECTRIC</u>	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MO.</u>
13a. FATHER'S NAME <u>ARTHUR SCHLAIKJER</u>		13b. MOTHER'S MAIDEN NAME <u>KATHLEEN BAKER</u>	14. NAME OF HUSBAND OR WIFE <u>MARGARET SCHLAIKJER</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES KOREAN CONFLICT</u>		16. SOCIAL SECURITY NO.	17. INFORMANT Address <u>MARGARET SCHLAIKJER 6919 MINNESOTA</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Suffocation</u> DUE TO (b) <u>accidental Drowning</u> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH <u>1 to 5 min</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.) <u>Wading in Bear Creek stepped into deep water</u>	
20c. TIME OF INJURY Hour <u>4:04 P</u> a.m. p.m. Month, Day, Year	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.) <u>BEAR CREEK</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>Near Louder Wayne mo.</u>
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Marvin E Bowber Coroner</u>		22b. ADDRESS <u>321 N main Palmetto mo</u>	22c. DATE SIGNED <u>7-21-1961</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>July 24, 1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>S2S Peter & Paul</u>	23d. LOCATION (City, town, or county) (State) <u>St. Louis city Missouri</u>
24. FUNERAL DIRECTOR ADDRESS <u>Kriegshauser Mortuary 4228 S. Kingshighway</u>		25. DATE RECD. BY LOCAL REG. <u>7-25-61</u>	26. REGISTRAR'S SIGNATURE <u>Bretta Ward</u>

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED
INSTEAD OF
DOCUMENT
MEDICAL CERTIFICATION
SHOULD READ
BY AFFIDAVIT OF

JUL 27 1961

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

Student _____
Signature of Student Embalmer

Signed Marvin E. Bowler

Licensed Embalmer No. 4426

P. O. Address Piedmont, N.C.

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.