

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
**FILED NOV 29 1946**

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37604

State File No. \_\_\_\_\_

Registration District No. 175Primary Registration District No. 4276Registrar's No. 128

## 1. PLACE OF DEATH:

(a) County Lawrence  
(b) City or town Pierce City mo  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 906 Penn. 1  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 39 years  
years, months or days

3. (a) PRINT  
FULL NAMEJOSEPH PAUL SCHISKA Sr.

## 3. (b) If veteran, -

name war \_\_\_\_\_

## 3. (c) Social Security

No. \_\_\_\_\_

## 4. Sex

M O.

## 5. Color or

race W

## 6. (a) Single, widowed, married,

divorced married

## 6. (b) Name of husband or wife

Anna E. Schiska

## 6. (c) Age of husband or wife if

alive 51 years

## 7. Birth date of deceased

Feb.  
(Month)11  
(Day)1893  
(Year)

## 8. AGE:

Years

Months

Days

If less than one day

5396

hr.

min.

## 9. Birthplace

Schererville  
(City, town, or county)Ind  
(State or foreign country)

## 10. Usual occupation

Merchant

## 11. Industry or business

Dry goods

## 12. Name

Joseph Schiska

## 13. Birthplace

Pierce City  
(City, town, or county)mo  
(State or foreign country)

## 14. Maiden name

Anna Birchoff

## 15. Birthplace

Ohio  
(City, town, or county)Ohio  
(State or foreign country)

## 16. (a) Informant

Mrs. J. Schiska

## (b) Address

Pierce City mo

## 17. (a)

Buried  
(Burial, cremation, or removal)

## (b) Date thereof

Nov. 18 46  
(Month) (Day) (Year)

## (c) Place: burial or cremation

St. Marys Pura City

## 18. (a) Signature of funeral director

Edwin Wilks

## (b) Address

Pierce City mo

## 19. (a)

Nov. 18 46  
(Date received local registrar)

## (b)

J. M. Matt  
(Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

## (a) State

mo

## (b) County

Lawrence

## (c) City or town

Pierce City

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

## (d) Street No.

906 Penn.

(If rural, give location)

## (e) Citizen of foreign country?

(None or No)

If yes, name country \_\_\_\_\_

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH:

Month Novday 17year 1946hour 2minute 10 AM.

## 21. I hereby certify that I attended the deceased from

Nov 16, 1946, to Nov 17, 1946.that I last saw him alive on Nov 17 and that death occurred on the date and hour stated above.

## Immediate cause of death

Congestive Heart Failure

## Duration

3 hours

## Due to

Congestive Heart Disease

## Due to

## Other conditions

(Include pregnancy within 3 months of death)

## Major findings:

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

## PHYSICIAN

Underline the cause to which death should be charged statistically.

## 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?

While at work? \_\_\_\_\_

(Specify type of place)

(e) Means of injury \_\_\_\_\_

## 23. Signature

Dr. J. M. Matt

(M. D. or other)

## Address

Pierce City moDate signed Nov 17 46

RECEIVED  
District Health Officer No. 6,  
District File Number 1146-1157  
Date Filed NOV 27 1946

OCT 15 1946

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~~.....

Edwin P. Wilks....., Registered Apprentice No.....  
working under my personal supervision.

Signed.....

Edwin P. Wilks

Licensed Embalmer No. 4131

P. O. Address.....

**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.**