

JAN 10 1938

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

43309  
Do not use this space.  
11649

1. PLACE OF DEATH

(a) County.....<sup>3</sup> Registration District No. **791**  
(b) Township..... Primary Registration District No. **1003**  
(c) City St. Louis (d) Street No. Central Hosp St.  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. 2 ds. (f) How long in U. S., if of foreign birth? 65 yrs. mos. da.

2. PRINT FULL NAME Carl Schrick

(a) Residence, No. 9500 Page Overland Mo St. **KA**  
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Elizabeth Schrick</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 28 1849</u>		
7. AGE YEARS <u>88</u>	MONTHS <u>3</u>	DAYS <u>18</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Truck gardener</u>		
9. Industry or business in which work was done, as saw mill, bank, etc. <u>Farm</u>		
10. Date deceased last worked at this occupation (month and year) <u>Jan 1936</u>		
11. Total time (years) spent in this occupation <u>40</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>10</u>		
13. NAME <u>Schrick</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>10</u>		
15. MAIDEN NAME <u>Dont Know</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u> <u>10</u>		
17. INFORMANT <u>John Schrick</u> (ADDRESS) <u>Overland Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial Park</u> DATE <u>Dec 20 1937</u>		
19. FUNERAL DIRECTOR <u>Ortmann Funeral Home</u> (ADDRESS) <u>9222 Lackland Overland Mo</u>		
20. FILED <u>DEC 20 1937</u> <u>J. Bredeck</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 16 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 13 - 1937, to Dec. 16 - 1937  
I last saw him alive on Dec. 13 1937. Death is said to have occurred on the date stated above, at 10:40 p.m.  
The principal cause of death and related causes of importance were as follows:  
Bronchial Pneumonia -  
Nephritis - chronic  
Diabetes mellitus -  
Other contributory causes of importance:  
None  
Name of operation None Date of None  
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? No Date of injury None, 1937  
Where did injury occur? None  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
Nature of injury None

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify Roy A. Walker, M. D.  
(Address) 2438 Woodson Rd

Date of onset  
12-12-37

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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**STATEMENT BY LICENSED EMBALMER**

I, Al C. Ortman, Licensed Embalmer No. 3478

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

L. E.

No. .... or by..... Registered Apprentice No. ....

working under my personal supervision.

Signed

Al C. Ortman

Licensed Embalmer No. 3478

**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.)**