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.

REC'D APR 11 1938

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

8622
Do not use this space.

1. PLACE OF DEATH
(a) County ..... Registration District No. 791
(b) Township ..... Primary Registration District No. 1003 Registered No. 2210
(c) City St. Louis, Mo. (d) Street No. 6226 Juniata 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Mr. Joseph Schoeller, Sr. 460
(a) Residence, No. 6226 Juniata St. St. 3
(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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Helen Berger Schoeller

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 24, 1876

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
61	3	7	

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Grocer & Saloon-keeper
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year) 1930
11. Total time (years) spent in this occupation 40 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Detta, Austria Hungary 7

FATHER
13. NAME John Schoeller
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary 7

MOTHER
15. MAIDEN NAME Franziska Franzen 7
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

17. INFORMANT (ADDRESS) Mrs. Helen Schoeller 6226 Juniata Street

18. BURIAL, CREMATION, OR REMOVAL
PLACE Our Redeemer Luth. DATE March 7, 1938

19. FUNERAL DIRECTOR (ADDRESS) Beiderwieden F. Home, Inc. 1936 St. Louis Avenue

20. FILED MAR 5 1938 J. F. Bischoek Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from February 25th, 1938 to March 3rd, 1938
I last saw him alive on March 3rd, 1938. Death is said to have occurred on the date stated above, at 10:35 P.M.
The principal cause of death and related causes of importance were as follows:

Cerebral Apoplexy

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) Dr Robert Greiderer, M. D.
(Address) 2124 Russell Av St Louis Mo

(Licensed Embalmer's Statement on Reverse Side)

Dr. R. Gridere
2124 Russell
12-3 6-8

STATEMENT BY LICENSED EMBALMER

I, Geo Hatz, Licensed Embalmer No. 3737

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

L. E.

No. or by , Registered Apprentice No.

working under my personal supervision.

Signed Geo Hatz

Licensed Embalmer No. 3737

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)