

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.

1938

REC'D JUL 7 1938

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

22940
Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township _____ Primary Registration District No. 11.8 Registered No. 977
 (c) City St. Louis, Mo. (d) Street No. St. Mary's Hospital 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. Bernard Schieferdecker, 163

(a) Residence, No. 6236 Alamo Street St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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. Stella Foell Schieferdecker
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30, 1874
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 10 5
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Cashier
 9. Industry or business in which work was done, as saw mill, bank, etc. Flour Mill
 10. Date deceased last worked at this occupation (month and year) June 1, 1938 11. Total time (years) spent in this occupation. 45 yrs.

12. BIRTHPLACE (CITY OR TOWN) Grandtower, 1
 (STATE OR COUNTRY) Illinois

FATHER 13. NAME Theodore Schieferdecker 6
 14. BIRTHPLACE (CITY OR TOWN) Germany 6
 (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Elisa Bollmann
 16. BIRTHPLACE (CITY OR TOWN) Germany
 (STATE OR COUNTRY)

17. INFORMANT Mrs. Stella Schieferdecker
 (ADDRESS) 6236 Alamo Street

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

19. FUNERAL DIRECTOR (NAME) Beiderwieden F. H. Inc.
 (ADDRESS) 1936 St. Louis Mo.

20. FILED JUN 6 1938 19 J. K. Meyer, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 22nd, 1932 to June 14th, 1938
 I last saw him alive on June 14th, 1938. Death is said to have occurred on the date stated above, at 2:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis (Coronary Heart Disease) Date of onset 6/1/38

Aortic Insufficiency (Aortic Chronic Rheumatic) 6/22/32

Other contributory causes of importance:
Aortic Insufficiency (Aortic Chronic Rheumatic) 6/22/32

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? no
 If so, specify _____
 (Signed) August G. Heilmann, M. D.
 (Address) 4660 Maryland Ave

Dr. Aug 16 1951
4660 Maryland
1-3

OCT 4 1951

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 _____

Registered Apprentice No. _____, working under my personal supervision.

Signed Theodore W. Bendermose

Licensed Embalmer No. 506

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, above space should be left blank.