

2 1939

FEB 7 1939

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

3967

Do not use this space.

1. PLACE OF DEATH

(a) County St. Louis Registration District No. 784
 (b) Township St. Ferdinand Primary Registration District No. 200 Registered No. 203
 (c) City St. Ferdinand (d) Street No. Old Halls Ferry Rd. & Mehl Ave. 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 George Schladerbach

(a) Residence, No. Old Halls Ferry Rd. & Mehl Ave. 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 Anna Schladerbach		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12, 1867		
7. AGE YEARS 71	MONTHS 5	DAYS 19
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as saw mill, bank, etc.		11. Total time (years) spent in this occupation
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.	0	
13. NAME Julius Schladerbach	6	
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany	9	
15. MAIDEN NAME Mary Meier		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known		
17. INFORMANT (ADDRESS) Anna Schladerbach Old Halls Ferry & Mehl Ave.		
18. BURIAL, CREMATION, OR REMOVAL PLACE Black Jack, Mo. DATE Feb. 4, 1939		
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Charles J. Irons Funeral Home 4911 Washington Bl.		
20. FILED FEB 2 1939	G. R. Meyer M.D. APR 1 1939 Local Registrar.	

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 1, 193922. I HEREBY CERTIFY, That I attended deceased from 1-5-1939, to 2-1-1939

I last saw him alive on 2-1-1939. Death is said to have occurred on the date stated above, at 5:20 p.m.
 The principal cause of death and related causes of importance were as follows:

Angina Pectoris
Coronary Arteriosclerosis
Myocarditis

Date of onset

1-5-39Other contributory causes of importance:
NoneName of operation None Date of 1925What test confirmed diagnosis None Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury 1932Where 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 NoneNature of injury None24. Was disease or injury in any way related to occupation of deceased? noIf so, specify None(Signed) Ray Johnson M. D.(Address) St. Louis, Mo.

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 *Thomas R. Fenwick*

Licensed Embalmer No. *3793*

P. O. Address *St. Louis Mo*

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.