

FILED APR 15 1940

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

8777
Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. **791**

(b) Township Primary Registration District No. **1003**

(c) City **St. Louis** (d) Street No. **1348 Bayard** Registered No. **2260**

(e) Length of residence in city or town where death occurred **37** yrs. mos. da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME **Leopold Schasch**

(a) Residence, No. **1348 Bayard** St. **6** (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) **WIDOWER**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Martha Schasch**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **1850**

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

AB, 90

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Foreman**

9. Industry or business in which work was done, as saw mill, bank, etc. **shoe factory**

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Mishkoles Hungary**

13. NAME **UNK**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**

15. MAIDEN NAME **UNK**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Hungary**

17. INFORMANT (ADDRESS) **Harry Schasch 4605 Lindell**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Mt. Olive Heb.** DATE **3/7/40**

19. FUNERAL DIRECTOR (ADDRESS) **H.B. Berger 4715 McPherson**

20. FILED **MAR 7 1940**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **March 5 1940**

22. I HEREBY CERTIFY, That I attended deceased from **Nov. 15 1939**, to **Dec 28 1939**

I last saw him alive on **Dec 28 1939** Death is said to have occurred on the date stated above, at **10:00 p.m.**

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis Date of onset

Other contributory causes of importance: **Sepulchry**

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

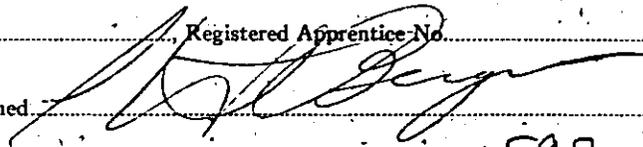
24. Was disease or injury in any way related to occupation of deceased?
If so, specify **W.A. Whlomeyer**, M. D.
(Signed) **W.A. Whlomeyer**
(Address) **1511 E Grand St**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
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  _____
Licensed Embalmer No. 1597

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.)