

8779

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2262

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 10879 Riverview Drive 2
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days)

8. (a) PRINT FULL NAME Louis Schantz

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color White 6. (a) Single, widowed, married, divorced Wid

6. (b) Name of husband or wife Isabella 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Sept. 29 1858
(Month) (Day) (Year)

8. AGE: Years 81 Months 5 Days 12 If less than one day _____ hr. _____ min.

9. Birthplace Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Gen. Schantz

18. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Wagner

15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. A. Meyer

(b) Address 10879 Riverview

17. (a) Burial (b) Date thereof MAR 8 1940
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem

18. (a) Signature of funeral director Bergman's Funeral

(b) Address 1926 St. Louis Ave.

19. (a) MAR 7 1940 (b) J. F. Baldock
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 8
(If outside city or town limits, write "RURAL")
(d) Street No. 10879 Riverview Drive
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 5
year 1940, hour 2:30 minute A. M.

21. I hereby certify that I attended the deceased from Marsa
4, 1940 to _____, 19____;
that I last saw him alive on March 4, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____

Chronic Myocarditis
Sclerosis
Due to _____

Due to _____
Other conditions Diabetes
(Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy _____

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) _____ means of injury _____

23. Signature J. F. Baldock (M. D. or other) MD

Address 405 1/2 E. Locust State signed Mo

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

6
202
1000 - 000000

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.....
.....
Licensed Embalmer No. 3737
P. O. Address 1936 St. Louis Ave.

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.