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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 9382

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 2865

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

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 2325½ Hickory St. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County

(c) City or town St. Louis 22 (If outside city or town limits write "RURAL")

(d) Street No. 2325½ Hickory St (If rural, give location)

(e) If foreign born, how long in U. S. A.? 58 years.

3. (a) PRINT FULL NAME Margaretha Schleich

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife John Schleich 6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased Jan. (Month) 20 (Day) 1860 (Year)

8. AGE: Years 80 Months 2 Days 6 If less than one day hr. min.

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

10. Usual occupation Gt. home

11. Industry or business

FATHER 12. Name Henry Hemning

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

MOTHER 14. Maiden name Margaret Better

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

16. (a) Informant John Schleich

(b) Address 2325 Hickory St.

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3-29-40 (Month) (Day) (Year)

(c) Place: burial or cremation Mo. Crematory

18. (a) Signature of funeral director Witt Bro. Co

(b) Address 2924 S. Jefferson Av.

19. (a) MAR 27 1940 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 26 year 1940 hour 8-30 p.m. minute M.

21. I hereby certify that I attended the deceased from March 21, 1940 to March 26, 1940 that I last saw h. alive on March 26, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis — Duration 2

Due to General Arterio-sclerosis — Several years

Due to Hypertension

Other conditions (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? (Specify type of place)

While at work? (e) Means of injury

23. Signature A. Louis Schuchat (M. D. or other)

Address 2200 Chouteau ave Date signed 3-27-40

(Licensed Embalmer's Statement on Reverse Side)

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 Paul A. Shanklin Registered Apprentice No. ....., working under my personal supervision.

Signed Paul A. Shanklin

Licensed Embalmer No. 9472

P. O. Address 9798 Jefferson

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.