

791

1003

Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3400 Hartford St.
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis **16**
(If outside city or town limits, write "RURAL")
(d) Street No. 3400 Hartford St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Charles Carl Schlaikjer

3. (b) If veteran, name war _____ 3. (c) Social Security No. Moell

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

6. (b) Name of husband or wife Minnie 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased February 13 1860
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
80 10 3 hr. min.

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

10. Usual occupation baker

11. Industry or business Retired

12. Name Unknown

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

14. Maiden name Unknown

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

16. (a) Informant Mr. Fred Schlaikjer

(b) Address 7028 Waterman Ave.

17. (a) Cremation (b) Date thereof 12-18-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Oak Grove Crematory

18. (a) Signature of funeral director A. Thom & S. Co
(b) Address 2707 N Grand Ave

19. (a) DEC 17 1940 (b) J. H. Predeck
(Date recorded local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 16
year 1940 hour 3 minute 10 P. M.

21. I hereby certify that I attended the deceased from Dec. 15, 1940
_____ 19____ to Dec 16 1940
that I last saw him alive on Dec 16 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Diabetes Mellitus & Diabetic Coma Duration 1 yr.

Due to _____
Due to _____
Other conditions abscess Rt. ankle wk
(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)
(e) Means of injury _____

23. Signature Edward Welby M. D. or other M.O.
Address 4963 Farmstam Date signed 12/17/40

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.....

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, fact should be so stated above.