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(23155)

ED MAR 25 1941

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 1575

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

1. PLACE OF DEATH:

(a) County.....

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

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

(d) Length of stay: In hospital or institution 4 Days.
(Specify whether)

In this community.....
years, months or days)

3. (a) PRINT FULL NAME GEORGE SCHIELE

3. (b) If veteran, name war.....

3. (c) Social Security number 489-01-0731

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife FRANCES SCHIELE

6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased Oct 3rd. 1897
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>43</u>	<u>4</u>	<u>13</u>	hr. min.

9. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Bread Driver

11. Industry or business.....

MOTHER FATHER

12. Name John Schiele

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

14. Maiden name Sophia Ballwin

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

16. (a) Informant Frances Schiele

(b) Address 3009 A Shenandoah St.

17. (a) Burial (b) Date thereof Feb 20/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation S. S. PETER & PAUL

18. (a) Signature of funeral director Shoemaker & Son

(b) Address 2906 Gravois Ave.

19. (a) FEB 18 1941 (b) J. W. Bredeck
(Date received local health officer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 000

(c) City or town ST. LOUIS.
(If outside city or town limits, write "RURAL")

(d) Street No. 3009 A Shenandoah St.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 16
year 1941 hour 1 00 A.M. minute..... M.

21. I hereby certify that I attended the deceased from Feb. 13, 1941 to Feb. 16, 1941
that I last saw him alive on Feb. 15, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death General Peritonitis

Due to	Duration
<u>Ruptured Appendix</u>	<u>5 days</u>
<u>Intestinal Obstruction</u>	<u>5 days</u>

Other conditions (Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: as above

Of operations.....

Of autopsy no autopsy

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 0

23. Signature J. W. Bredeck (M. D. or other).....
Address 3014 S. Jefferson Date signed Feb 14

Dr. Kinnel
Jefferson

annual

30/6 P. 9
B-6821
11-12 P.M.

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

Leo Bulde

Registered Apprentice No.

working under my personal supervision.

Signed

Leo Bulde

Licensed Embalmer No. *3989*

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, fact should be so stated above.