

No. 2
13-40
17-39
X23159

ED MAR 25 1941

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **1815**

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:
Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 18 Days
(Specify whether years, months or days)

In this community Life
(Specify whether years, months or days)

3. (a) PRINT FULL NAME John Scheble

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

3. (c) Social Security No. 488-09-2497

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

6. (b) Name of husband or wife Mary Scheble 6. (c) Age of husband or wife if alive 52 years

7. Birth date of deceased December 8, 1886
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>54</u>	<u>2</u>	<u>17</u>	hr. _____ min. _____

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

10. Usual occupation Shoe Cutter

11. Industry or business Valley Shoe Corporation

12. Name Joseph Scheble

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

14. Maiden name Unknown

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

16. (a) Informant Mary Scheble

(b) Address 4085 Wilmington

17. (a) Burial (b) Date thereof 2/28/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Nacker-Weldner

(b) Address 2331 S. Broadway

19. (a) FEB 26 1941 (b) J. W. Bredebeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED: 000
17

(a) State Missouri (b) County _____

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

(d) Street No. 4085 Wilmington Ave.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 25
year 1941 hour 6 minute 40 a. M.

21. I hereby certify that I attended the deceased from Feb 11
1941 to Feb 25 1941
that I last saw him alive on Feb 25 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Perforated Peptic ulcer

Due to _____

Due to _____

Other conditions III
(Include pregnancy within 3 months of death)

Major findings: Perforated ulcer
gastrointestinal

Of operations _____

Of autopsy _____

Duration

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? _____

844 (Specify type of place) _____
While at work? _____ (e) Means of injury 0

23. Signature R. Berg (M. D. or other) MD
Address 2331 S. Broadway Date signed 2/26/41

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

MOTHER FATHER

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..... *Frank J. Hyland*.....
Licensed Embalmer No..... *2645*.....
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.