

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: 1900a Angelica Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether Birth
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 19 26
(If outside city or town limits, write "RURAL")
(d) Street No. 1900a Angelica Ave
(If rural, give location) 0
(e) If foreign born, how long in U. S. A. ? years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February 25th
year 1941 hour 9:30 AM minute M.

21. I hereby certify that I attended the deceased from Jan 30, 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: Softening of Brain, Cerebral Paralysis, Arteriosclerosis & diabetes. Duration 1 month.

Due to: [Handwritten marks]
Due to: [Handwritten marks]
Other conditions: [Handwritten marks]
(Include pregnancy within 3 months of death)

Major findings: [Handwritten marks]
Of operations: [Handwritten marks]
Of autopsy: [Handwritten marks]

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 D

23. Signature Geo A. Melleis (M. D. or other)
Address 2739 N. Grand Date signed 2-26-41

3. (a) PRINT FULL NAME Gustav F. Schlingmann

3. (b) If veteran name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife Dina Schlingmann nee Koenemann 6. (c) Age of husband or wife if alive 69 years

7. Birth date of deceased: September 8, 1870 (Month) (Day) (Year)

8. AGE: Years 70 Months 4 Days 17 If less than one day hr. min.

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

10. Usual occupation Retired Parole officer

11. Industry or business

12. Name William Schlingmann

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 Mrs Dina Schlingmann (b) Address 1900a Angelica Ave

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

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Math Hermann & Son (b) Address 2161 East Fair Ave
19. (a) FEB 26 1941 (b) [Signature] (Date received local registrar) (Registrar's signature)

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

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 *William G. Burkholder*

Licensed Embalmer No. *2110*

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.