

STANDARD CERTIFICATE OF DEATH

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4112

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:  
4058 Humphrey /  
(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)

3. (a) PRINT FULL NAME Albert Schramek

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife Barbara 6. (c) Age of husband or wife if alive unknown years

7. Birth date of deceased (Month) (Day) (Year)

8. AGE: Years abt. 86 Months Days If less than one day hr. min.

9. Birthplace Czecho-Slovakia (City, town, or county) (State or foreign country)

10. Usual occupation Supt. (Retired)

11. Industry or business American Mfg. Co.

12. Name Joseph Schramek

13. Birthplace Czecho-Slovakia (City, town, or county) (State or foreign country)

14. Maiden name Unknown 15. Birthplace Czecho-Slovakia (City, town, or county) (State or foreign country)

16. (a) Informant Albert Schramek Jr.

(b) Address 4058 Humphrey

17. (a) Burial (b) Date thereof May 16-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New Picker Cemetery

18. (a) Signature of funeral director M. C. Maxwell

(b) Address 1926 Allen Ave.

19. (a) MAY 16 1941 (b) J. W. Siddeck  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 1617  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 4058 Humphrey  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13  
1941 hour 9 minute P. M.

21. I hereby certify that I attended the deceased from March 1st  
....., 1941, to May 13, 1941;  
that I last saw him alive on April 5-13-1941, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death

Chronic Myocarditis

Due to Chronic Subtotal

nephritis

Due to Bumby

Other conditions  
(Include pregnancy within 3 months of death)

Major findings:  
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?

While at work?..... (Specify type of place) (e) Means of injury.....

23. Signature Martin J. Slawik (M. D. or other) D  
Address 506 Olive St. Date signed 5-14-41

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

079

**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

*Benny L. Duman*

Licensed Embalmer No. *5272*

P. O. Address *1926 Allen*

**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.**