

No. 2  
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5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILLED AUG 4 1941  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

26176

State File No. \_\_\_\_\_

Registration District No. 784

Primary Registration District No. 11

Registrar's No. 1504

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Richmond Heights  
(If outside city or town limits, write "RURAL" and name of township)

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

(d) Length of stay: In hospital or institution 12-days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis

(c) City or town University City  
(If outside city or town limits, write "RURAL")

(d) Street No. 7244 Lindell Blvd.  
(If rural, give location)

(e) Citizen of foreign country? / (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME William Schindele

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex M. 5. Color or race W.

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

6. (b) Name of husband or wife Genevieve Schindele

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased Jan. 10th., 1880  
(Month) (Day) (Year)

| 8. AGE: | Years     | Months   | Days     | If less than one day |
|---------|-----------|----------|----------|----------------------|
|         | <u>61</u> | <u>6</u> | <u>7</u> | _____ hr. _____ min. |

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

10. Usual occupation Auditor

11. Industry or business Wabash R.R.

12. Name William Schindele

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

14. Maiden name Unk.

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

16. (a) Informant Mrs. Genevieve Schindele

(b) Address 7244 Lindell Blvd.

17. (a) Burial (b) Date thereof 7-21-1941  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) JUL 18 1941 J.R. Miller, M.D.  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 17th.  
year 1941 hour \_\_\_\_\_ minute 2 P. \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 6  
1941 to July 17, 1941;  
that I last saw him alive on July 17, 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary embolism Duration 1 hr.

Due to Secondary to emergency

Due to Appended July 6-41

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

Major findings: acute Pulmonary embolism

Of operations Appendectomy

Of autopsy None

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? \_\_\_\_\_

(e) While at work? \_\_\_\_\_ (Specify type of place)

(f) Means of injury \_\_\_\_\_

23. Signature Caroline Kelly (M. D. or other) 0

Address \_\_\_\_\_ Date signed 7-18-41

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 29 1941

Carleton Bldg.

**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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3840 Lindell

**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.**