

**FILED OCT 28 1941**  
Registration District No. 754

Primary Registration District No. 200

Registrar's No. 2055

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town Lemay  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
816 Lagro  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether  
In this community 37 yrs.  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town 816 Lagro  
(If outside city or town limits, write "RURAL")  
(d) Street No. Lemay (If rural, give location)  
(e) Citizen of foreign country? YES (Yes or No)  
If yes, name country France

3. (a) PRINT FULL NAME Gustav P. Schira, Sr.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married  
6. (b) Name of husband or wife Caroline Schira 6. (c) Age of husband or wife if alive 81 years  
7. Birth date of deceased June 12 1859  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
82 3 23 \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation Stone cutter

11. Industry or business retired

12. Name Nichol Schira

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

14. Maiden name Unknown

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

16. (a) Informant Gus C. Schira, Jr.

(b) Address 816 Lagro

17. (a) burial (b) Date thereof 10-8-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Trinity Church

18. (a) Signature of funeral director Fendler

(b) Address 710 Lemay Ferry

19. (a) OCT 8 1941 (b) E. W. Neumann, M.D.  
(Date received local registrar) (Registrar's signature)

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 5<sup>th</sup>  
year 1941 hour 4:30 PM minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from July 10 1941 to Oct 5 1941;  
that I last saw him alive on Oct 5 1941;  
and that death occurred on the date and hour stated above.

Immediate cause of death Atherosclerosis Duration 5 year  
Due to Myocarditis Acute 4 days

Due to U3a  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

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) (c) Means of injury 0

23. Signature Edward G. Beck (M. D. or other)  
Address #6424 Michigan Date signed 10/4/41

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

MOTHER FATHER

100

707

**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 *Oliver E. Hendler*

Licensed Embalmer No. *4148*

P. O. Address *Geny 70*

**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.**