

No. 2
1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

39442

State File No. 2

Registrar's No. 2448

DEC 13 1941

Registration District No. 784

Primary Registration District No. 200

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: St. Rose Schatorick
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000

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

(d) Street No. 6365 Murdoch St.
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country C

3. (a) PRINT FULL NAME SCHATTGEN, GEORGE

3. (b) If veteran, name war

3. (c) Social Security No. 488-05-0389

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

6. (b) Name of husband or wife Florence L. 6. (c) Age of husband or wife if alive 49 years

7. Birth date of deceased July 24 1886
(Month) (Day) (Year)

8. AGE: Years 55 Months 4 Days 8 If less than one day hr. min.

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

10. Usual occupation President of Beverly Tire Co

11. Industry or business Retail tires

MOTHER FATHER { 12. Name Peter Schattgen

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

14. Maiden name not known

15. Birthplace not known
(City, town, or county) (State or foreign country)

16. (a) Informant Florence L. Schattgen

(b) Address 6365 Murdoch

17. (a) Entombment (b) Date thereof 12-4-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Mausoleum

18. (a) Signature of funeral director Dr. T. Ziegenhein

(b) Address 7027 Gravois Ave

19. (a) DEC 3 1941 (b) E.H. McManis
(Date received local health certificate) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 2, 1941
year 1:55 hour A minute

21. I hereby certify that I attended the deceased from Febr. 3 1940 to Dec. 2 1941; that I last saw him alive on Dec. 1 1941; and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Tuberculosis

Due to 1st infection

Due to 2nd infection

Other conditions Cor Pulmonale
(Include pregnancy within 3 months of death)

Duration 1 do

PHYSICIAN None

Underline the cause to which death should be charged statistically.

Major findings: Of operations none

Of autopsy Tb. of lungs & caecum

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) (Country) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

Where at work? (Specify type of place)

(e) Means of injury

23. Signature Carolina J. Schattgen (M. D. or other) M.D.

Address 3515 S. Grand Bl. Date signed 12/2/41

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

APR 13 1942

APR 14 1942

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 B. P. Tidwell

Licensed Embalmer No. 3877

P. O. Address. 7027 Gravois

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.