

FILED FEB 24 1942 **791**

Primary Registration District No. **1003**

Registrar's No. **962**

1. PLACE OF DEATH:

(a) County _____
(b) City or town **St. Louis, MO.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **City Hospital No. 1**
(If not in hospital or institution, write street number and location)
(d) Length of stay: In hospital or institution **2 1/2 Hrs.**
(Specify whether
In this community **Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **1530 Hogan St.**
(If rural, give location)
(e) Citizen of foreign country? **NO** (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **29th**
year **42** hour **40** minute **P.** M.

21. I hereby certify that I attended the deceased from _____ 19____ to _____ 19____;
that I last saw him _____ alive on _____ 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Fracture of Skull, Subdural Hemorrhage of the Brain, when the Chevrolet truck he was driving collided with a Ford coach driven by David Wesson at the intersection of Waine and College 1:40 P.M.**
Due to **one David Wesson at the intersection of Waine and College 1:40 P.M.**
Other conditions **Jan. 29, 1942 Accident.**
(Include pregnancy within months of death)

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

Major findings of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) **accident**
(b) Date of occurrence **Jan. 29, 1:40 P.M.**
(c) Where did injury occur? **St. Louis, Mo.**
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? **Public Place**
(Specify type of place)

While at work? _____ (e) Means of injury **auto**
23. Signature **Alfred Perry** (M. D. or other)
Address **1530 Hogan St.** Date signed **1/30/42**

3. (a) PRINT FULL NAME **Harry F. Schlereth**
3. (b) If veteran, name war **None** 3. (c) Social Security No. **493-07-7140**

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

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **May 22 1913**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
28 8 7 hr. min.

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

10. Usual occupation **Chauffeur**

11. Industry or business **Carr Laundry Co.**

MOTHER FATHER { 12. Name **Henry Schlereth**

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

14. Maiden name **Ruby Meyer**

15. Birthplace **Kansas City Mo.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Ruby Schlereth**

(b) Address **1530 Hogan St.**

17. (a) **Burial** (b) Date thereof **2-2-42**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Calvary Cemetery Brookland and Co**

18. (a) Signature of funeral director **1827 Hogan St.**

(b) Address **JAN 30 1942**

19. (a) (Date received local registrar) (b) **J. P. Bradock**
(Registrar's signature)

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

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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.....

Albert E. Hoffe

Licensed Embalmer No. 2771

P. O. Address.....

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.