

No. 7  
-11-20  
51730  
X23159

FILED MAR 17 1942  
Registration District No. 791

Primary Registration District No.

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: Christian Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 4 hours  
In this community 77 years (Specify whether years, months or days)

3. (a) PRINT FULL NAME Joseph Scheidler

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

4. Sex male (1) 5. Color or race white 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Emelie 6. (c) Age of husband or wife if alive 84 years

7. Birth date of deceased Sept. 3, 1853  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
88 5 18 hr. min.

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

10. Usual occupation Retired Janitor

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name John Scheidler  
13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
14. Maiden name Victoria  
15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Frances Wolfe  
(b) Address 5007 Genevieve

17. (a) Burial (b) Date thereof 2/24/42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Memorial Park Cem.

18. (a) Signature of funeral director [Signature]

(b) Address 2117 E. Grand

19. (a) [Signature] (b) J. T. Bredeck  
(Deputy registrar) (Registrar's signature)

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. 6111 Lillian Ave.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. 77 years years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb. day 21  
year 1942 hour 11 minute 30 P.M.

21. I hereby certify that I attended the deceased from 6-24-40  
to 2-20, 1942,  
that I last saw him alive on 2-20, 1942,  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Acute vascular  
Renal disease

Due to \_\_\_\_\_  
Due to \_\_\_\_\_  
Other conditions (Include pregnancy within 3 months of death) 191

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) \_\_\_\_\_  
(e) Means of injury \_\_\_\_\_

23. Signature [Signature] (M. D. or other) Med  
Address 5074 Union Date signed 2-13-42

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

**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 *Frank P. Moore*

Licensed Embalmer No. *3041*

P. O. Address *2117 E. Grand*

**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.**