

FILED MAR 17 1942

Registration District No. 791

Primary Registration District No. 1003

1162

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

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:
300 E. Marceau st.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Life (Specify whether
In this community years, months or days)

3. (a) PRINT FULL NAME August Schlichtig

3. (b) If veteran, name war None 3. (c) Social Security No. None

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

6. (b) Name of husband or wife ANNA 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased March 18 1865
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 10 16 hr. min.

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

10. Usual occupation Retired

11. Industry or business _____

12. Name Carl Schlichtig

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

14. Maiden name _____

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

16. (a) Informant Carl Schlichtig

(b) Address 300 E. Marceau st.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Feb. 7, 1942
(Month) (Day) (Year)
Mt. Olive Cemetery

(c) Place: burial or cremation _____

18. (a) Signature of funeral director Hoffmeister H. & Z.
(b) Address 7814 S. Broadway

19. (a) FEB 6 1942 (Date received local registrar) (b) J. T. Brudeck (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 300 E. Marceau 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 February day 4
year 1942 hour 10:00 minute _____ P. M.

21. I hereby certify that I attended the deceased from Oct. 28, 1940, to Feb. 2, 1942,
that I last saw him alive on Feb. 2, 1942,
and that death occurred on the date and hour stated above.

Immediate cause of death Acute Dilatation of Heart Duration 3 hrs

Due to Chronic Endocarditis 16 mo

Due to Mitral Regurgitation

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) (e) Means of injury 1

23. Signature A. W. Peters (M. D. or other) M. D.
Address 4145 a S. Grand Blvd. Date signed 2/6/42

Dr. A. W. Nelson

4459 Laurel

Box 7733

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 *Linus C. Hoffmeister*

Licensed Embalmer No. *3871*

P. O. Address *7814 S. Broadway*

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.