558
. S. No. 2
M—9-4-41
v. 5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 4926

FILED MAR 24 1942

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2036

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 4 Days (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County

(c) City or town St. Louis 4 ~~818 Hammett~~ 67
(If outside city or town limits, write "RURAL")

(d) Street No. 4818 Hammett
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Edward Schrick

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex MALE

5. Color or race W

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY SCHRICK

6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased FEB (Month) 11 (Day) 1875 (Year)

8. AGE:

Years	Months	Days	If less than one day
67	0	21	hr. min.

9. Birthplace ST. LOUIS MO
(City, town, or county) (State or foreign country)

10. Usual occupation Retired 32 yrs TYPSETTER

11. Industry or business

FATHER
12. Name JULIAN SCHRICK
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name CAROLINE UNKNOWN
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Mary Schrick
(b) Address 4818 Hammett Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3 7 1942 (Month) (Day) (Year)
(c) Place: burial or cremation MEMORIAL PARK CEMETERY

18. (a) Signature of funeral director SOUTHERN FUNERAL HOME
(b) Address 6322 So. Grand Blvd

19. (a) MAR 5 - 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4, year 1942 hour 2:10 minute A. M.

21. I hereby certify that I attended the deceased from March 1, 1942 to March 4, 1942 that I last saw him alive on March 4, 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to arteriosclerosis

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy Lobar pneumonia arteriosclerosis

Duration

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?
(Specify type of place)

While at work? (e) Means of injury X

23. Signature M. M. Karl (M.D. or other)

Address 1515 Lafayette Ave. Date signed 3/4/42

(Licensed Embalmer's Statement on Reverse Side)

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 Virgil L. Bussyman

Licensed Embalmer No. 4018

P. O. Address St Louis Mo

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.