

No. 2  
1-4-41  
5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

7894

State File No. ....

Registrar's No. 527

Registration District No. 84

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Overland

(c) Name of hospital or institution: 3015 Calvert 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
(Specify whether

In this community.....  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Overland  
(If outside city or town limits, write "RURAL")

(d) Street No. 3015 Calvert  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country 6

3. (a) PRINT FULL NAME FRED SCHLEMMER

3. (b) If veteran, name war no

3. (c) Social Security No. 498-07-1996

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 5  
year 1947 hour 5 minute 46 A.M.

21. I hereby certify that I attended the deceased from May 25-1  
1946 to July 7, 1947  
that I last saw him alive on May 1, 1947  
and that death occurred on the date and hour stated above.

4. Sex Male

5. Color of race White

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

6. (b) Name of husband or wife Margaret Schlemmer

6. (c) Age of husband or wife if alive 74 years  
no 18 69  
(Day) (Year)

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

Immediate cause of death.....  
Acute cardiac dilatation  
Due to.....chronic myocarditis & coronary sclerosis

Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations.....  
Of autopsy.....

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

8. AGE: Years 72 Months 11 Days 5  
If less than one day.....hr.....min.

9. Birthplace Wabash Indiana 1  
(City, town, or county) (State or foreign country)

10. Usual occupation Carpenter

11. Industry or business carpenter

12. Name John Schlemmer

13. Birthplace unknown Germany 4  
(City, town, or county) (State or foreign country)

14. Maiden name Elizabeth Geibel

15. Birthplace unknown Germany 4  
(City, town, or county) (State or foreign country)

16. (a) Informant Josephine Schlemmer

(b) Address 13015 Calvert Overland mo

17. (a) Burial (b) Date thereof 3-7-47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove cemetery

18. (a) Signature of funeral director Barbara Prother

(b) Address 1504 W. Woodway Overland mo

19. (a) MAR - 6 1947 (b) C. W. McHarmon mo  
(Date received local registrar) (Registrar's signature)

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.....

23. Signature E. H. Kellner (M. D. or other)  
Address 3121 N. Grand Date signed 2/6/48

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

MAR 18 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 *W. G. Peterson*

Licensed Embalmer No. *3767*

P. O. Address *Overland 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.**