

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis
(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 5 1/2 days
In this community Birth
years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(d) Street No. 4205 San Francisco Ave
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Frank W. Schlingmann
(b) If veteran, name war None
(c) Social Security No. None

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month April day 6,
year 1942 hour 12:50 AM minute M.

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Married
(b) Name of husband or wife Elizabeth Schlingmann nee Sander
(c) Age of husband or wife if alive 68 years
7. Birth date of deceased February 9, 1872
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from April 2 1942 to April 6 1942
that I last saw h. M. alive on April 5 1942
and that death occurred on the date and hour stated above
Immediate cause of death Hypostatic pneumonia 3 da
Duration

8. AGE: Years Months Days If less than one day
70 1 27 hr. min.

Due to Obcronic parenchyma toxic hepatitis.
Due to

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

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

10. Usual occupation Filter plant

11. Industry or business City of St. Louis

Major findings: 131
Of operations
Of autopsy 131
PHYSICIAN
Underline the cause to which death should be charged statistically.

12. Name Henry Schlingmann

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

14. Maiden name Anna Rickmers

15. Birthplace St. Charles, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Elizabeth Schlingmann

(b) Address 4205 San Francisco Ave

17. (a) Burial (b) Date thereof 4/8/42
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) APR 8 1942 (b) APR 8 1942
(Date received by 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?
While at work (Specify type of place) (e) Means of injury 0

23. Signature R. M. Elwan (M. D. or other) 0
Address 4256 Harne Date signed 4/7/42

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

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APR 8 1942

(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 Francis A. Williamson
Licensed Embalmer No. 3565
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.