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ev. 5-17-39
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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

15567.

State File No.

FILED MAY 11 1942

Registration District No. 84

Primary Registration District No. 200

Registrar's No. 998

1. PLACE OF DEATH:

(a) County St. Louis County

(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Veterans Administration Facility 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Admitted 5/1/42 (Specify whether
In this community unknown.
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 660

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 603 Walnut Street 9
(If rural, give location)

(e) If foreign born, how long in U. S. A.? - years.

3. (a) PRINT FULL NAME Julius W. Schall

3. (b) If veteran, name war Philippine Insurr. 3. (c) Social Security No. none

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

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

7. Birth date of deceased May (Month) 15, (Day) 1872 (Year)

8. AGE: Years 69 Months 11 Days 18 If less than one day hr. min.

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

10. Usual occupation Laborer

11. Industry or business -

FATHER
12. Name Henry Schall
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Louise Witty
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant M. Schillig
(b) Address Clinical Clerk, VAF, Jeff. Bks., Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MAY 6 42 (Month) (Day) (Year)

(c) Place: burial or cremation NATIONAL CEMETERY

18. (a) Signature of funeral director C Hoffmeister Wh L Co.
(b) Address 7814 S. Broadway

19. (a) MAY 6 - 1942 (Date received local registrar) (b) E G McGarvey M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 3rd, year 1942 hour 7:05 minute p. M.

21. I hereby certify that I attended the deceased from May 1, 1942 to May 3, 1942; that I last saw him alive on May 3, 1942; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hypertensive and coronary arteriosclerotic heart disease,	
Due to: myocardial damage, myocardial insufficiency and auricular fibrillation.	
Due to -	Unknown
Other conditions - (Include pregnancy within 3 months of death)	
Major findings: Of operations -	
Of autopsy No 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) no
(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 L. M. COCHRAN, M.D., (M. D. or other)
Address Chief Medical Officer Date signed 5/4/42

107 (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 Lance 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, above space should be left blank.