

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

19974
State File No.

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 13 1942 791

Registration District No. _____ Primary Registration District No. 1003

Registrar's No. 5684

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis,
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3819 Missouri Ave.
(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 17
(c) City or town St. Louis, (If outside city or town limits, write "RURAL")
(d) Street No. 3819 Missouri Ave., (If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME George J. Schlegel,
3. (b) If veteran, name war _____ 3. (c) Social Security No. 488-16-7020

4. Sex Male, 5. Color or race White, 6. (a) Single, widowed, married, divorced Married,
6. (b) Name of husband or wife MARY 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 24 1871,
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 11 7 hr. _____ min.

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

10. Usual occupation Watchman,

11. Industry or business Amer. Car & Foundry Co.,

12. Name Jacob Schlegel,

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

14. Maiden name Don't know,

15. Birthplace Don't know,
(City, town, or county) (State or foreign country)

16. (a) Informant Mary Schlegel,

(b) Address 3819 Missouri Ave.,

17. (a) Burial (b) Date thereof Jul. 4, 1942
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SS. P. & P. Cemetery

18. (a) Signature of funeral director Robert Blaz Maitland

(b) Address JUL 2 2842 Meramec St.,

19. (a) JUL 2 1942 (b) J. F. Prudek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1
year 1942 hour 8: minute 30 P. M.

21. I hereby certify that I attended the deceased from Nov
1941 to July 1 1942
that I last saw him alive on July 1 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis

Due to _____
Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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? _____

While at work? _____ (Specify type of place)

(e) Means of injury _____

23. Signature Robt. O. Urban (M. D. or other)

Address 3665 So. Broadway Date signed 7-24-42

844 (Licensed Embalmer's Statement on Reverse Side)

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

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17
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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.....Me.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....
Joe D. Benz
Licensed Embalmer No.....4249.....
.....2842 Meramec St.,
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.