S. No. 2
M—9-4-41
v. 5-17-39
I X29484

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

AUG 14 1942 791

State File No. 23096

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 6581

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

273
00
17
9

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 208 S. 6th St.
(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: 000

(a) State Mo. (b) County 17
(c) City or town St. Louis 925
(If outside city or town limits, write "RURAL")
(d) Street No. 208 S. 6th St.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME ~~Charles~~ John Schimmer

3. (b) If veteran, name war Unk.

3. (c) Social Security No. Unk.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced 3 Divorced

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

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

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

8. AGE: Years About 61 | Months | Days | If less than one day ..... hr. ..... min.

9. Birthplace ..... (City, town, or county) Hungary 8 (State or foreign country)

10. Usual occupation Baker

11. Industry or business .....

FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 9 (State or foreign country)

16. (a) Informant Ruppert Ebner
(b) Address 4100 S Broadway

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8-4-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Wm Schumacher
(b) Address 3013 Meramec St

19. (a) AUG 4 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 1 year 1942 hour 7 minute 22 A.M.

21. I hereby certify that I attended the deceased from ....., 19..., to ....., 19...
that I last saw h..... alive on ....., 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Strangulation due to hanging, when deceased was found with rope around his neck suspended from pipe near ceiling in bed room at 208 So 6th St Aug 1 1942 7:22 Am

Duration

Due to

Due to

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

Major findings:
Of operations .....
Of 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) Suicide
(b) Date of occurrence Aug 1 1942
(c) Where did injury occur? St Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Room (Specify type of place)
While at work? no (e) Means of injury hanging

23. Signature Alfred Perry (M. D. or other)
Address Oxford Coon Date signed 8/4/42

044 (Licensed Embalmer's Statement on Reverse Side)

#8

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 Clarence Kochow, Registered Apprentice No. ....., working under my personal supervision.

Signed Clarence Kochow

Licensed Embalmer No. 3093

P. O. Address 3913 Meramec

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.