S. No. 2
I—5-42
5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 21 1942

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 32398

Registrar's No. 8374

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:
3142 Rolla Place /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution None (Specify whether years, months or days)
In this community Birth

2. USUAL RESIDENCE OF DECEASED: 000

(a) State Missouri (b) County 17

(c) City or town St. Louis 9 10
(If outside city or town limits, write "RURAL")

(d) Street No. 3142 Rolla Pl.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME William B. Schlereth

3. (b) If veteran, name war Navy 30 Yrs.

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Hattie L. Schlereth nee Sturholdt

6. (c) Age of husband or wife if 54 years

7. Birth date of deceased June 9, 1882 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
60	3	29	hr. min.

9. Birthplace St. Louis (City, town, or county) Missouri 0 (State or foreign country)

10. Usual occupation Post office clerk

11. Industry or business

FATHER
12. Name John Schlereth
13. Birthplace Unknown (City, town, or county) Bavaria 8 (State or foreign country)

MOTHER
14. Maiden name Nellie Dowlson
15. Birthplace Unknown (City, town, or county) Illinois / (State or foreign country)

16. (a) Informant Mrs Hattie L. Schlereth
(b) Address 3142 Rolla Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10/12/42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director Math Hermann & Son
(b) Address 2161 East Fair Ave

19. (a) OCT 9 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 8th year 1942 hour 5:50 AM minute M.

21. I hereby certify that I attended the deceased from Oct 4 42, 19 to Oct 8 42, 19; that I last saw him alive on Oct 7 42, 19 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Cardiac Failure	
Due to Acute Myocarditis	
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)
(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 James A. Wilson (M. D. or other)
Address 5883 Julian Date signed 10/8/42

(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 F. C. 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.