

FILED OCT 28 1942

Registration District No.

Primary Registration District No. 1003

Registrar's No. 8546

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3430 Pennsylvania 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
(c) City or town St. Louis,
(If outside city or town limits, write "RURAL")
(d) Street No. 3430 Pennsylvania Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 14
year 1942 hour 7 30 A.M. 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
Cerebral Angioplexy
Stroke
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)

Duration

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

Major findings:
Of operations
Of autopsy

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)
(a) Means of injury
23. Signature [Signature] (M. D. or other)
Address [Signature] Date signed 10/14/42

3. (a) PRINT FULL NAME BEN SCHLOSSER

3. (b) If veteran, name war 3. (c) Social Security No.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, Married
6. (b) Name of husband or wife Ida Schlosser 6. (c) Age of husband or wife if alive 62 years
7. Birth date of deceased June 8th 1880
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 4 56 hr. min.

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

10. Usual occupation Beer Bottler

11. Industry or business

MOTHER FATHER { 12. Name Christ Schlosser
13. Birthplace Germany (City, town, or county) (State or foreign country)
14. Maiden name Mary Spigar
15. Birthplace Illinois (City, town, or county) (State or foreign country)

16. (a) Informant Ida Schlosser
(b) Address 3430 Pennsylvania Ave.

17. (a) Burial (b) Date thereof Oct 17th.
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cem

18. (a) Signature of funeral director [Signature]
(b) Address 2906 Gray's Ave.

19. (a) OCT 15 1942 (b) [Signature]
(Date received local registrar) (Registrar's signature)

844 (Licensed Embalmer's Statement on Reverse Side)

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

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

Signed..... *David Van Fossan*

Licensed Embalmer No. *4242*

P. O. Address..... *2906 Harris a*

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.