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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 2 1943

Registration District No. 318

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 4734

Registrar's No. 1717

1. PLACE OF DEATH:

(a) County

(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 Days (Specify whether years, months or days)
In this community 43 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000 12 78

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

(d) Street No. 8558 Lowell Ave.
(If rural, give location)

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

3. (a) PRINT FULL NAME George Schiekl

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

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

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased July 26 1873 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
69	6	23	hr. min.

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

10. Usual occupation Unemployed Laborer

11. Industry or business Public School Costodian

FATHER
12. Name Joseph Schiekl
13. Birthplace Germany (City, town, or county) (State or foreign country)

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

16. (a) Informant Mrs. Mary Schiekl
(b) Address 8558 Lowell Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2/22/43 (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla

18. (a) Signature of funeral director [illegible]
(b) Address 2117 E. Grand Blvd.

19. (a) FEB 21 1943 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 19. year 1943 hour 6:50 minute P. M.

21. I hereby certify that I attended the deceased from February 4. 1943 to February 19. 1943; that I last saw him alive on February 19. 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute heart failure	
Due to: Chronic myocarditis	
Due to: Primary Carcinoma of bladder	
Other conditions (Include pregnancy within 3 months of death):	

Major findings:
Of operations: 52
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 [illegible] (M. D. or other)
Address 1512 Lafayette Avenue, Date signed 2/20/43

(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 Frank C. Moore

Licensed Embalmer No. 3041

P. O. Address 2117 E. Grand

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.