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5-17-39  
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4738

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 23 1943

318

1003

Registration District No. ....

Primary Registration District No. ....

Registrar's No. 1502

1. PLACE OF DEATH:

(a) County.....

(b) City or town..... **Saint Louis, Missouri.**

(c) Name of hospital or institution:  
**3327 Illinois 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..... **Saint Louis,**  
(If outside city or town limits, write "RURAL")

(d) Street No..... **3327 Illinois.**  
(If rural, give location)

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

3. (a) PRINT FULL NAME..... **Anna Marie Schlagheck.**

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

3. (c) Social Security No..... **None**

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **15th**,  
year **1943.** hour **4** minute **10A.** M.

4. Sex **Female** 5. Color or race **White**

6. (a) Single, widowed, married, divorced, widowed..... **Divorced Widowed**

6. (b) Name of husband or wife..... **Peter Schlagheck**

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

7. Birth date of deceased..... **December 22nd, 1856.**  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from.....  
**Feb 9, 1943 to Feb 15, 43, 1943**  
that I last saw him alive on..... **Feb 13, 1943**  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day  
**86 1 23** hr. min.

Immediate cause of death.....  
**Arterio sclerosis**

9. Birthplace..... **Unknown Germany 4**  
(City, town, or county) (State or foreign country)

10. Usual occupation..... **House-Wife**

Due to..... **Senility (age 86)**

Due to.....

11. Industry or business.....

MOTHER FATHER { 12. Name..... **Unknown**

13. Birthplace..... **Unknown Germany 4**  
(City, town, or county) (State or foreign country)

14. Maiden name..... **Unknown**

15. Birthplace..... **Unknown Germany 4**  
(City, town, or county) (State or foreign country)

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

Major findings:  
Of operations.....

Of autopsy.....

16. (a) Informant..... **Josephine Almon**

(b) Address..... **3327 Illinois.**

17. (a) **Burial** (b) Date thereof..... **February 17, 1943**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... **Sunset Burial Park.**

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?

18. (a) Signature of funeral director..... **Jugenheim Assoc.**

(b) Address..... **6409 Gravois Ave.**

19. (a) **FEB 15 1943** (b) **J. F. Brudeck**  
(Date received) (Registrar's signature)

While at work?..... (Specify type of place)

(c) Means of injury.....

23. Signature..... **F. G. Pernais** (M. D. or other)

Address..... **3115 S. Grand** Date signed..... **2/15/43**

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.....

*Judith W. Juegenheim*

Licensed Embalmer No. *2270*

P. O. Address *6409 Hawaii*

**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.**