

FILED APR 15 1948

Registration District No. 184

Primary Registration District No. 101

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 17 days
(Specify whether
In this community Unknown
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Fenton
(If outside city or town limits, write "RURAL")
(d) Street No. River Road
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME William Schaaless

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

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Nellie 6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased 10 26 1873
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 4 6 hr. min.

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

10. Usual occupation Painter

11. Industry or business

12. Name John Schaaless

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

14. Maiden name Anna Streickeljahn

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

16. (a) Informant Ethel Brimmer

(b) Address 6329 Bancroft Ave.

17. (a) Burial (b) Date thereof Mar. 8, 1948
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Hacker Schaele and Co

(b) Address 3634 Gravois Ave

19. (a) MAR 6 1948 (b) G. J. M. Garrison
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 4 day March
year 1943 hour 1:55 minute P. M.

21. I hereby certify that I attended the deceased from 2-15-43, 19... to 1-4-43, 19...
that I last saw him alive on 1-4-43, 19...
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach metastatic to liver

Due to
Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 46 hr
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) (c) Means of injury
23. Signature George S. Loggans (M. D. or other) M.D.
Address St. Louis, County Day Date signed 3-8-48

Duration

years?

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 Robert Wheeler

Licensed Embalmer No. 2128

P. O. Address Steuers, Md.

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.

SP01 6 0AM