. S. No. 2
M—9-4-41
. 5-17-39
P I X2484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 12052

FILED MAY 7 1943 318

Registration District No. ..... Primary Registration District No. 1003 Registrar's No. 3934

1. PLACE OF DEATH:
(a) County .....
(b) City or town Saint Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Hospital. 0
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution ..... (Specify whether years, months or days)
In this community .....

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. 3154 Iowa Ave.
(If rural, give location)
(e) Citizen of foreign country? ..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Edward Dischinger,
3. (b) If veteran, name war .....
3. (c) Social Security No. 497-07-0262

4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Florence Dischinger
6. (c) Age of husband or wife if alive 34 years
7. Birth date of deceased July (Month) 5th, (Day) 1907. (Year)

8. AGE: Years 35 Months 9 Days 20 If less than one day ..... hr. ..... min.

9. Birthplace Saint Louis, (City, town, or county) Missouri 0 (State or foreign country)
10. Usual occupation East Plant
11. Industry or business Anheuser Busch.
FATHER
12. Name Charles Dischinger
13. Birthplace Unknown (City, town, or county) Germany 4 (State or foreign country)
MOTHER
14. Maiden name Margaret Green
15. Birthplace Saint Louis, (City, town, or county) Missouri. 0 (State or foreign country)
16. (a) Informant Florence Dischinger
(b) Address 3154 Iowa Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof April 29, 1943. (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Park.
18. (a) Signature of funeral director Ziegenhein Bros.
(b) Address 6409 Gravois Ave.
19. (a) APR 28 1943 (Date received local registrar) J F Breech (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th, year 1943. hour 1 minute 0 P. 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	Duration
Aspiration of Blood Bronchus. Following Laceration of Lips and Chin when he fell	
Due to to Ground at the northwest	
Due to corner of California and Utah ave. 4-25-43	
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) Accident 000
(b) Date of occurrence 4-25-43
(c) Where did injury occur? St Louis (City or town) (County) Mo (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)
While at work? ..... (e) Means of injury? .....
23. Signature Alfred Perry (M. D. or other)
Address Coroner Date signed 4/28/43

(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 Juddie A. Siegenthaler

Licensed Embalmer No. 2270

P. O. Address 409 Travis

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.