

FILED MAY 3 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3823

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:  
4712 Tamm Ave.  
(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 \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County 000  
19

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

(d) Street No. 4712 Tamm Ave.  
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Rev. Francis H. Skaer

(b) If veteran, name war World War # 1

(c) Social Security No. \_\_\_\_\_

4. Sex Male

5. Color or race White

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

(b) Name of husband or wife \_\_\_\_\_

(c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Nov. 30th 1888  
(Month) (Day) (Year)

8. AGE:

|           |          |           |                      |
|-----------|----------|-----------|----------------------|
| Years     | Months   | Days      | If less than one day |
| <u>54</u> | <u>4</u> | <u>23</u> | hr. _____ min.       |

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

10. Usual occupation Catholic Priest

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Frederick Skaer

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

14. Maiden name Anna Maginnis

15. Birthplace St. Louis Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Mary Zipf

(b) Address 4712 Tamm Ave.

17. (a) Burial  
(Burial, cremation, or removal) (b) Date thereof 4-26-43  
(Month) (Day) (Year)

(c) Place: burial or cremation New St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuary

(b) Address 4228 So. Kingshighway Blvd.

19. (a) APR 25 1943 (b) J. F. Brudek  
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22nd  
year 1943 hour 7 minute a M.

21. I hereby certify that I attended the deceased from April 1941 to April 22 1943  
that I last saw him alive on April 21/43, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Cerebral Hemorrhage

Due to Hypertension

Other conditions Chronic Cholecystitis - Non specul

Major findings: no operation

Of operations \_\_\_\_\_

Of autopsy no 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? \_\_\_\_\_

23. Signature Ray J. Schubert (M. D. member)  
Address 4247 W. Grand Blvd. Date signed 4/23/43

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

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

Do: 0951 Ill: 3952

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 *Richard V. Storrsand*

Licensed Embalmer No. *4007*

P. O. Address.....

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.