

Registration District No. 318

Primary Registration District No. 1003

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

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:
CITY HOSPITAL # 10
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 55 YEARS (Specify whether years, months or days)

3. (a) PRINT FULL NAME FRANK A. SCHADOW

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced, WIDOWER

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

7. Birth date of deceased NOV. 23 1873 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
69 8 9 hr. min.

9. Birthplace DONT KNOW ILLINOIS (City, town, or county) (State or foreign country)

10. Usual occupation RETIRED BARBER

11. Industry or business

12. Name CHRISTOPHER SHADOW

13. Birthplace DONT KNOW EUROPE (City, town, or county) (State or foreign country)

14. Maiden name MARY DONT KNOW

15. Birthplace DONT KNOW EUROPE (City, town, or county) (State or foreign country)

16. (a) Informant MRS. ISABEL WATSON
(b) Address 4920 CHIPPEWA ST.

17. (a) BURIAL (b) Date thereof 8-4-43 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd.

19. (a) AUG 3 1943 (b) J. F. Brudek (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO. (b) County
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 4600 McMILLAN AVE
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG. day 2 year 1943 hour 4 minute 15 A. 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: *Exhaustion of liver; Fracture of Left Humerus; suffered when he collapsed fell at the Elmore Nursing home at 2520 McNamee Ave. July 25 1943. Last seen alive...*

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

Major findings: Of operations

Of autopsy

Duration

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 July 29 1943

(c) Where of injury occur? St. Louis (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Home

While at work: (Specify type of place) Means of injury fall

23. Signature (M. D. or other)

Address Date signed 8/3/43

Baroness Office

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 Stanley Marshall
Licensed Embalmer No. 2868
P. O. Address. 3840 Lindell

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.