

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

FILED NOV 10 1943

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **9605**

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: **Missouri Pacific Hospital**  
(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 **Illinois** (b) County **St. Clair**  
(c) City or town **East St. Louis**  
(If outside city or town limits, write "RURAL")  
(d) Street No. **5630 Portland**  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country **2**

3. (a) PRINT FULL NAME **Louis Charles Schlake**

3. (b) If veteran, name war **Unknown** 3. (c) Social Security No. **329-10-2890**

4. Sex **Male** 5. Color of face **White** 6. (a) Single, divorced, married **Married**

6. (b) Name of husband or wife **Martha Schlake** 6. (c) Age of husband or wife if alive **57** years

7. Birth date of deceased **May 24 1885**  
(Month) (Day) (Year)

8. AGE: Years **58** Months **5** Days **7** If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace **Plum Hill Ill.**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Painter**

MOTHER FATHER

11. Industry or business **Terminal Railroad**  
12. Name **Henry Schlake**  
13. Birthplace **St. Louis Mo.**  
14. Maiden name **Caroline Wiese** (State or foreign country)  
15. Birthplace **Germany** 4  
(City, town, or county) (State or foreign country)

16. (a) Informant **Martha Schlake**  
(b) Address **East St. Louis, Ill**

17. (a) **Removal** (b) Date thereof **11-1-43**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **East St. Louis Ill.**

18. (a) Signature of funeral director **Albert H. Hoppe Inc.**

(b) Address **4700 Washington Blvd.**

19. (a) **NOV 1 1943** (b) *[Signature]*  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **31**  
year **1943** hour **10** minute **50 P.M.**

21. I hereby certify that I attended the deceased from **10/23/43**, 19\_\_\_\_ to **10/31/43**, 19\_\_\_\_;  
that I last saw him alive on **10/31/43**, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death **Epidemic Cerebro-spinal meningitis 8 Days**

Due to \_\_\_\_\_

Due to **6.**

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

Of autopsy **none**

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)  
(e) Means of injury \_\_\_\_\_

23. Signature **C. C. Joyce** (M. D. \_\_\_\_\_)  
Address **Mo. Pacific Hospital** Date signed **10/31/43**

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *G. W. Wilkinson* .....  
Licensed Embalmer No..... *3575* .....  
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.