

FILED NOV 1 1943 318

Registration District No. _____

Primary Registration District No. _____

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

1. PLACE OF DEATH:

(a) County _____
 (b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
4555a Mary Ave.
(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

3. (a) PRINT FULL NAME Edward W. Schlingman

3. (b) If veteran, name war _____ 3. (c) Social Security No. 42-16-8089

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

6. (b) Name of husband or wife Clara Schlingman 6. (c) Age of husband or wife if alive 70 years

7. Birth date of deceased Dec 9th 1869
(Month) (Day) (Year)

8. AGE: Years 74 Months 10 Days 13 If less than one day _____ hr. _____ min.

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

10. Usual occupation Cabinet Maker

MOTHER FATHER

11. Industry or business _____
 12. Name Wm. Schlingman

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

14. Maiden name Annie Richmers

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

16. (a) Informant Clara Schlingman

(b) Address 4555a Mary Ave.

17. (a) Burial (b) Date thereof 10-25-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens C.E.M.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 N. Union Blvd.

19. (a) OCT 25 1943 J. J. Fredesch
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4555a Mary Ave.
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 22nd.
 year 1943 hour 3 minute 10 A.M.

21. I hereby certify that I attended the deceased from 10-27-43
 _____ 19 _____ to 10-22 _____ 19 43
 that I last saw him alive on 10-28-43 _____ 19 _____
 and that death occurred on the date and hour stated above.

Immediate cause of death: Cardiac failure + cerebral thrombosis secondary to adenocarcinoma of bladder
 Due to _____
52
 Due to _____

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

Major findings: Bladder tumor - adenocarcinoma
 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) _____
 (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) (Means of injury)

23. Signature Louis J. Gerard
 Address 812 Olive St. Date signed 10-25-43

*Dr. A. Bernard
Creswell Berry
Oct. 17 3
Cl. 5894*

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 *Albert R. Thompson*
Licensed Embalmer No. *4237*
P. O. Address *St. Louis*

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.