

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 9536

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:
5514 Wren Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 60 years (Specify whether
In this community 60 years
years, months or days)

3. (a) PRINT FULL NAME Mr. John Schoeller

3. (b) If veteran, name war none 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Mrs. Barbara Schoeller 6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased Oct 26th. 1877
(Month) (Day) (Year)

8. AGE: Years 66 Months 0 Days 2 If less than one day
hr. min.

9. Birthplace Mascoutah Ill. /
(City, town, or county) (State or foreign country)

10. Usual occupation Sheet metal worker

11. Industry or business

12. Name Casper Schoeller

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

14. Maiden name Unknown Unknown

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

16. (a) Informant Mrs. Barbara Schoeller

(b) Address 5514 Wren Ave.

17. (a) Burial Calvary Cemetery (b) Date thereof 10-30-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hy. Leidner U. Co.

18. (a) Signature of funeral director 2223 St. Louis Ave.

(b) Address 067 29 1943 (c) J.F. Bredbeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 5514 Wren Ave. (If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 28th
year 1943 hour 3 minute 45 P.M.

21. I hereby certify that I attended the deceased from October 2 - 1943 to October 28. 1943
that I last saw him alive on October 28. 1943
and that death occurred on the date and hour stated above.
Immediate cause of death Coronary thrombosis Duration 1 hr.

Due to PH
Due to

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)
(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)
23. Signature James J. Cook (M. D. or other) 10/29/43
Address 15536 Tilton Ave. Date signed

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

MOTHER FATHER

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..... *Homer L. Ponder*

Licensed Embalmer No. *5367*

P. O. Address..... *2223 St. Louis ave*

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.