

FILED DEC 23 1943 818

1003

Registration District No. Primary Registration District No.

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

1. PLACE OF DEATH:

(a) County.....City of St. Louis

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

(c) Name of hospital or institution:
6827 Minnesota
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....73 Years
(Specify whether years, months or days)

3. (a) PRINT FULL NAME.....Fred Schertel

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.....Widowed

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive.....about 1870
(Month) (Day) (Year)

7. Birth date of deceased.....About 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

About 73 Yrs. ..hr. ..min.

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

10. Usual occupation.....Laborer

11. Industry or business.....

12. Name.....Wonstang Schertel

13. Birthplace.....St. Louis Missouri
(City, town, or county) (State or foreign country)

14. Maiden name.....Louise Ruckdachs

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

16. (a) Informant.....Mr. Elizabeth Baumgartner

(b) Address.....6116 Tennessee

17. (a) Burial
(Burial, cremation, or removal)

(b) Date thereof.....12-17-43
(Month) (Day) (Year)

(c) Place: burial or cremation.....St. Trinity Lutheran

18. (a) Signature of funeral director.....Southern Funeral Ho

(b) Address.....6322 So. Grand Blvd.

19. (a) DEC 17 1943
(Date received local registrar)

(b) J. F. Medeck
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State.....Missouri (b) County.....17

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

(d) Street No.....6827 Minnesota
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month.....Dec. day.....15th
year.....1943 hour.....2 minute.....30 P.

21. I hereby certify that I attended the deceased from.....
....., 19....., to....., 19.....;

that I last saw him..... alive on....., 19.....;

and that death occurred on the date and hour stated above.

Immediate cause of death.....Coronary Occlusion
Arterio sclerosis

Due to.....94

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?.....

(Specify type of place)

While at work?..... (a) Manner of injury.....

23. Signature.....Clifford Perry (M.-D. or other)
Address.....Ch. St. Louis Date signed.....12/17/43

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.....

Vincent L. Berryman
.....
Licensed Embalmer No. *4018*

P. O. Address.....

St. Louis, Mo

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.