

FILED JAN 4 1944

Registration District No. 318

Primary Registration District No. 1002

Registrar's No. 11620

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:
4630 San Francisco
(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 MISSOURI (b) County 000
17
 (c) City or town ST LOUIS 97
(If outside city or town limits, write "RURAL")
 (d) Street No. 4630 SAN FRANCISCO
(If rural, give location)
 (e) Citizen of foreign country? _____ (Yes or No)
 If yes, name country 0

3. (a) PRINT FULL NAME CAROLINA SCHLECHTE
 (b) If veteran, name war _____ (c) Social Security No. _____

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month 12 day 23 year 1943
 hour _____ minute 1:35 P.
 21. I hereby certify that I attended the deceased from 8-1-42
 _____, 19____, to _____, 19____;
 that I last saw h. or alive on 12-22-43, 19____,
 and that death occurred on the date and hour stated above.

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced 2
 6. (b) Name of husband or wife LOUIS SCHLECHTE 6. (c) Age of husband or wife if alive _____ years

Immediate cause of death:
arteriosclerotic coronary artery dis
acute Bronchitis
 Due to _____
 Due to _____
 Other conditions _____
(Include pregnancy within 3 months of death)
 Major findings:
 Of operations _____
 Of autopsy _____

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>9</u>	<u>7</u>	_____ hr. _____ min.

9. Birthplace WARRENTON Mo. 0
(City, town, or county) (State or foreign country)

10. Usual occupation NIL

11. Industry or business _____

12. Name FRED SCHWARTZ

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

14. Maiden name UNKNOWN

15. Birthplace GERMANY 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mrs Ernestine Schreier

(b) Address 4630 San Francisco

17. (a) Burial (b) Date thereof 12/27/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hamel Ill

18. (a) Signature of funeral director Badornedum Jumaer Kan

(b) Address 1936 St Louis

19. (a) DEC 27 1943 (b) J. F. Buresch
(Date received local registrar) (Registrar's signature)

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) (e) Means of injury _____
 23. Signature Wayne D. Dora (M. D. or other) W
 Address 2739 No 8th Date signed 12-23-43

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.....

Licensed Embalmer No..... 2737

P. O. Address..... 1936 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.