

FILED FEB 27 1944
Registration District No. **318**

Primary Registration District No. **1003**

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

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:
916 S. 2nd St. 1
(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 **WILLIAM SCHIEBEL**
3. (b) If veteran, name war **NO** 3. (c) Social Security No. **NO**
4. Sex **MALE** 5. Color or race **WHITE** 6. (a) Single, widowed, married, divorced **SINGLE**
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **FEBRUARY 3 1866**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
77 11 11 hr. min.

9. Birthplace **ST. LOUIS MO. 0**
(City, town, or county) (State or foreign country)
10. Usual occupation **NIL**

MOTHER FATHER
11. Industry or business _____
12. Name **MICHAEL SCHIEBEL**
13. Birthplace **GERMANY 4**
(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 **Mr. Ed. F. Mueger**
(b) Address **3412 Pennsylvania Av**
17. (a) **BURIAL** (b) Date thereof **JAN 17 1944**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **CONCORDIA CEMETERY**

18. (a) Signature of funeral director **E. J. Schuur**
(b) Address **3125 Lafayette Av**
19. (a) **JAN 14 1944** (b) **J. F. Bredsch**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **MO** (b) County **17**
(c) City or town **ST. LOUIS 922**
(If outside city or town limits, write "RURAL")
(d) Street No. **916 S. 2nd St. 1**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Jan** day **14**
year **1944** hour **6:40** minute **9** M.
21. I hereby certify that I attended the deceased from **Nov 15** 19**43** to **Jan 13** 19**44**
that I last saw him alive on **Jan 13** 19**44**
and that death occurred on the date and hour stated above.

Immediate cause of death **Myocarditis - Chronic**
Due to _____
Due to **936**
Other conditions (include pregnancy within 3 months of death) _____

PHYSICIAN
Major findings:
Of operations _____
Of autopsy _____
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 **J. H. Vallupf** (M. D. or other) _____
Address **740 S 4** Date signed **1-14-44**

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

Joseph B. Vollmer

Licensed Embalmer No.

4014

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.