

FILED SEP 30 1944

Registration District No. **318** Primary Registration District No. **1002** Registrar's No.

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: 3526 A. Nebraska Ave
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution. 1 (Specify whether years, months or days)

In this community. 1

2. USUAL RESIDENCE OF DECEASED: **8223**

(a) State Missouri (b) County St. Louis

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

(d) Street No. 3526 A. Nebraska Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME Gottlob Schoelpple

3. (b) If veteran, name war. ***

3. (c) Social Security No. 497-05-2308

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 24th day September year 1944 hour 3:25 minute A. M.

21. I hereby certify that I attended the deceased from May 15, 1944 to Sept. 24, 1944 and that death occurred on the date and hour stated above.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (c) Age of husband or wife if alive. 63 years

7. Birth date of deceased January 31 1882
(Month) (Day) (Year)

Immediate cause of death Cardiomyopathy of the heart (myocardial infarction)

Duration 5 mo.

Other conditions H7
(Include pregnancy within 3 months of death)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>7</u>	<u>23</u>	hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)

10. Usual occupation Baker

11. Industry or business.

MOTHER FATHER

12. Name John Schoelpple

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Katherine Weber

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

16. (a) Informant Anna Schoelpple

(b) Address 3526 A. Nebraska Ave

17. (a) Burial (b) Date thereof 9-27-1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. Memorial Park Cemetery

18. (a) Signature of funeral director. Wm. Schumacher
3013 Meramec St.

(b) Address.

19. (a) SEP 26 1944 (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

Major findings: Of operations.

Of autopsy.

PHYSICIAN H7
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?

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? 0 (Specify type of place) (e) Means of injury.

23. Signature Wm. Schumacher (M. D. or other) Sept 25
Address 3014 S. Jefferson Date signed Sept 25

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

3016 A. B. Williamson

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 Francis G. Williamson
Licensed Embalmer No. 3565

P. O. Address.....

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.