V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 31817

FILED SEP 26 1944

Registration District No. 817 Primary Registration District No. 6076 Registrar's No. 1925

**1. PLACE OF DEATH:**

(a) County St. Louis

(b) City or town Jefferson Barracks (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Veter ns' Administration Facility 0 (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution Adm. Sept. 4, 1944 (Specify whether In this community Unknown years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County - - 000

(c) City or town St. Louis 17 (If outside city or town limits, write "RURAL")

(d) Street No. 4398 D. Chouteau Ave. 9 (If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country - - 0

3. (a) PRINT FULL NAME SCHLINK, John

3. (b) If veteran, name war W.W. #1

3. (c) Social Security No. Yes. not ren.

4. Sex Male 0

5. Color or race White

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

6. (b) Name of ~~xxxxxxx~~ wife Mrs. Edna Schlink,

6. (c) Age of ~~xxxxxxx~~ wife if alive 39 years

7. Birth date of deceased July (Month) 31, (Day) 1889 (Year)

8. AGE: Years 55 Months 1 Days 13 If less than one day hr. - - min.

9. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country) 0

10. Usual occupation Chauffeur,

11. Industry or business ~~Unknown~~ City Water Dept.

FATHER
12. Name ~~Unavailable~~ Andrew Schlink
13. Birthplace Germany (City, town, or county) ~~Missouri~~ 4 (State or foreign country)

MOTHER
14. Maiden name ~~Unavailable~~ Sophie Otterfeld
15. Birthplace Germany (City, town, or county) ~~Missouri~~ 4 (State or foreign country)

16. (a) Informant M. Schilling Clinical Clerk, 1

(b) Address Vets. Adm. Fac., Jeff. Brks., Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-44 (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Witt Bros. L. & U. Co.

(b) Address 2929 S. Jefferson

19. (a) SEP 18 1944 (Date received local registrar) (b) [signature] McGarran MD (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Sept. day 14th year 1944 hour 9:20 minute P.M. M.

21. I hereby certify that I attended the deceased from Sept. 4, 1944, 19 to September 14, 1944; that I last saw him alive on September 14, 1944; and that death occurred on the date and hour stated above.

Immediate cause of death CORONARY ARTERIOSCLEROTIC HEART DISEASE, WITH MYOCARDIAL DAMAGE AND INSUFFICIENCY. — Duration UNKNOWN

Due to - -

Due to - -

Other conditions None (Include pregnancy within 3 months of death)

Major findings: Of operations No Operation

Of autopsy No Autopsy. 93d

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) No

(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? (e) Means of injury

23. Signature W.A. GERMAN, M.D., (M. D. or other)

Address CHIEF MEDICAL OFFICER Date signed 9-15-44

707 (Licensed Embalmer's Statement on Reverse Side) Jefferson Barracks, Mo.

## 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. 3367

P. O. Address 2929 S. Jefferson av

**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.)**

**I - If this body is not embalmed, fact should be so stated above.**