

1. PLACE OF DEATH:

(a) County St Louis

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

(c) Name of hospital or institution:
Maplewood Nursing Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Weeks
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis

(c) City or town Maplewood
(If outside city or town limits, write "RURAL")

(d) Street No. Maplewood Nursing Home
(If rural, give location)

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

3. (a) PRINT FULL NAME John G. Schober

3. (b) If veteran, name war X

3. (c) Social Security No. X

4. Sex male Color or race white

5. (a) Single, widowed, married, divorced Widowed

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

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

7. Birth date of deceased December 5, 1857
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>86</u>	<u>9</u>	<u>26</u>	hr. <u> </u> min. <u> </u>

9. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

10. Usual occupation retired grocer

11. Industry or business

12. Name Not known

13. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

14. Maiden name Not kn wn

15. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Minnie Wurtz

(b) Address 4953 Columbia

17. (a) burial (b) Date thereof 10/4/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director J L Ziegenhein & Sons

(b) Address 7027 Gravois

19. (a) OCT 5 1944 (b) E. S. McClure M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 1st
year 1944 hour 1:30 minute P M.

21. I hereby certify that I attended the deceased from 7-5 1942 to 10-2 1942
that I last saw h/a alive on 10-1- 1942
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia 4 days
107
Due to Pyretic stage of disease 2 years

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?

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

23. Signature J. J. Zingale (M. D. or other)
Address 3651 Grandel St Date signed 10/3/44

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

Wurtz

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..... *V E Morris*

Licensed Embalmer No. *3360*

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.