

FILED NOV 30 1944 318

1003

Registrar's No. 8780

1. PLACE OF DEATH:

(a) County \_\_\_\_\_

(b) City or town St. Louis, Mo.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes Hospital  
(If not in hospital or institution, write street number by location)

(d) Length of stay: In hospital or institution 18 days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_

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

(d) Street No. 5747 Winona  
(If rural, give location)

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

3. (a) PRINT FULL NAME GEORGE CARL SCHEYBAL

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 497-01-3926

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 17 1944  
year \_\_\_\_\_ hour \_\_\_\_\_ minute 25 M.

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Leona Scheybal

6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased August 26 1890  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Letter Park of October 1944 to Nov 17 1944

the I last saw him alive on Nov 16 1944  
and that death occurred on the date and hour stated above.

8. AGE: Years Months Days If less than one day

54 2 21 hr. \_\_\_\_\_ min.

Immediate cause of death myocardial infarction  
heart failure

Due to undetermined

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

10. Usual occupation Shoe Cutter

11. Industry or business \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy acute infarction

MOTHER FATHER

12. Name John Scheybal

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

14. Maiden name Broeckelmann

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

16. (a) Informant Leona Scheybal

(b) Address 5747 Leona Ave.

17. (a) Burial (b) Date thereof 11-20-44  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New SS Peter & Paul

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

(b) Address 7027 Gravois Ave.

19. (a) 11/18/44 (b) J. F. Medved  
(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) (c) Means of injury?

23. Signature Drew W Lutan (M. D. or other) \_\_\_\_\_  
Address Barnes Hospital Date signed 11/18/44

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

*Embalmer sep cert filed*

NOV 18 1944

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.....

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.**