

FILED DEC 15 1944
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State File No.

Registration District No. Primary Registration District No. 1003 Registrar's No. 10402

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: City Sanitarium
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 yr. 7 mo. 22 ds.
(Specify whether years, months or days)
In this community 30 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Mad
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4124 Greenleaf Pl.
City Sanitarium (If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME

EDWARD SCHLINDWEIN

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced Wid
(b) Name of husband or wife Mary Schlindwein nee Huelsman 6. (c) Age of husband or wife if alive ----- years
7. Birth date of deceased March 21, 1871
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 8 13 hr. min.

9. Birthplace Cape Girardeau (City, town, or county) (State or foreign country) U

10. Usual occupation nil

11. Industry or business

MOTHER FATHER
12. Name not known
13. Birthplace not known (City, town, or county) (State or foreign country)
14. Maiden name not known
15. Birthplace not known (City, town, or county) (State or foreign country)

16. (a) Informant Thelma A. Singler
(b) Address 5400 Arsenal St.

17. (a) Burial (b) Date thereof 12/7/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) DEC 6 1944 (Date received local registrar) J. F. Budeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 4
year 1944 hour 8.00 minute P M.

21. I hereby certify that I attended the deceased from May 15, 1943 to Dec. 4, 1944

that I last saw him im alive on Dec. 4, 1944
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Acute Coronary Occlusion 7hrs.

Due to.....

Due to Contr. General Arteriosclerosis 1943x

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

Major findings:

Of operations.....
Of autopsy.....
PHYSICIAN GH
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 0

23. Signature Leona M. Kelly (M. D. or other).....
Address 5400 Arsenal Date signed 12/1/44

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

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.....

Welford G Burnley

Licensed Embalmer No.....

4202

P. O. Address.....

Albion 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.