

FILED MAR 3 1945

State File No. _____

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1459

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:
Alexian Bros. Hospital
(If not in hospital or institution, write street number or location)

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

In this community _____

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 414 Lemay
(If rural, give location)

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

3. (a) PRINT FULL NAME Edward F. Schertel

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Adelaide 6. (c) Age of husband or wife if alive 46 years

7. Birth date of deceased November 12 1896
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 12
year 1945 hour 6.30 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him _____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

8. AGE: 48 Years 3 Months 0 Days
If less than one day hr. _____ min. _____

Immediate cause of death 2nd and 3rd degree burns of about 80% of body surface when he fell asleep while smoking and clothing became ignited at his home 414 Lemay Berry Rd. on Feb 10 1945 about 7:30 P.M.

Other conditions (include pregnancy within 3 months of death) _____

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

10. Usual occupation Publisher

11. Industry or business Newspaper

12. Name Michael Schertel

13. Birthplace St. Louis Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Emma Bosse

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

16. (a) Informant Mrs. Adelaide Schertel
(b) Address 414 Lemay

17. (a) Burial (b) Date thereof 2/12/45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Trinity Lutheran

18. (a) Signature of funeral director Jos. T. Kersch
(b) Address 7128 Michigan Ave.

19. (a) FEB 14 1945 (b) J. F. Bredek
(Date received local registrar's signature) (Registrar's signature)

Major findings: Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident of 2/10/45

(b) Date of occurrence Feb 10 1945

(c) Where did injury occur? Lemay Mo
(City or town) (County) (State)

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

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

23. Signature John E. Taylor (M. D. or other) 3
Address 1114 1/2 Date signed 2/14/45

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

10
117
9

90

STATEMENT BY LICENSED EMBALMER

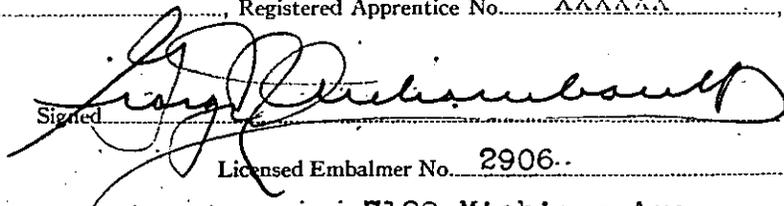
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

George N. Archambault.....

Registered Apprentice No. XXXXXX.....

working under my personal supervision.

Signed



Licensed Embalmer No. 2906.....

P. O. Address 7128 Michigan Ave.....

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.