

Registration District No. 317

Primary Registration District No. 6076

Registrar's No. 922

1. PLACE OF DEATH:

(a) County Sh. Louis
(b) City or town Ballwin, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Ballwin Mo. Manchester Rd. 1
(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) 84 yrs. (Life)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis
(c) City or town Ballwin
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME

Robert Schlemmer

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male 5. Color or race white
6. (a) Single, widowed, married, divorced
6. (b) Name of husband or wife Elizabeth
6. (c) Age of husband or wife if alive 77 years
7. Birth date of deceased Nov-1-1860
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
<u>84</u>	<u>5</u>	<u>15</u>	<u>one hr. 10 min.</u>	

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

10. Usual occupation Farmer

11. Industry or business _____

12. Name Christian Schlemmer

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

14. Maiden name Emma Emmert

15. Birthplace Germany (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Elizabeth Schlemmer

(b) Address Ballwin, Mo.

17. (a) Burial (b) Date thereof 4-18-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salon M. E. Center

18. (a) Signature of funeral director Louis H. Sopp

(b) Address Kirkwood, Mo.

19. (a) APR 17 1945 (b) E. E. McConary, M.D.
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 15
year 1945 hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from Feb 12 1945 to Apr 14 1945
that I last saw him alive on Apr 14 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Senility Duration _____

Due to _____
Due to 938

Other conditions Chronic myocarditis
(Include pregnancy within 3 months of death)
Hypertension

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? _____

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

23. Signature Royal C. McLean (M. D. or other) _____
Address Kirkwood Mo. Date signed 4-16-45

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

1960

X35937

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..... *Felix Durand*

Licensed Embalmer No. *3034*

P. O. Address..... *Kirkwood 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.