

FILED AUG 24 1945

State File No. _____

7264

Registration District No. 318

Primary Registration District No. 1002

Registrar's No. _____

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: Alexian Bros Hosp. O
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 000
(c) City or town ST. LOUIS 17 15
(If outside city or town limits, write "RURAL")
(d) Street No. 2240 Osage St. 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

3. (a) PRINT FULL NAME Gustave G. Schlappizzi
3. (b) If veteran, name war W.O.
3. (c) Social Security No. 497-20-3324

20. DATE OF DEATH: Month Aug. day 18
year 1945 hour _____ minute 009 M.

4. Sex Male 5. Color of race White
6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife Alberta Schlappizzi
6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased: Mar. 15 1882
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Nov 17 1944 to Aug 17 1945
that I last saw him alive on 8/17 1945
and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebrina & lung
Due to Ca & Lung

Duration

8. AGE: Years 63 Months 5 Days 3
If less than one day _____ hr. _____ min.

Due to _____
Other conditions none
(Include pregnancy within 3 months of death)

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

10. Usual occupation Brewery Worker

11. Industry or business Griesediech Brewery

12. Name Fred

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

14. Maiden name Conradina Dietz

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

16. (a) Informant Alberta Schlappizzi

(b) Address 2240 Osage St.

17. (a) Burial (b) Date thereof 8-21-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation N. St. Marcus Cem.

18. (a) Signature of funeral director Witt Bro. & Co.
(b) Address 2920 S. Jefferson Av.

19. (a) AUG 20 1945 (b) J. P. Brunck
(Date received local registrar) (Registrar's signature)

Major findings: Ca & Lung
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 Edward O. Sullivan
Address 3111 Grand Date signed 8/20/45

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

00
17
9

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 Francis Proff.....

Licensed Embalmer No. 4256.....

P. O. Address St. Louis.....

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.