7. S. No. 2
00M—2-43
ev. 5-17-39
I X35597

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED AUG 18 1945

State File No. 28550

Registration District No. 319 Primary Registration District No. 3068 Registrar's No. 1204

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Maplewood
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 7406 Maple Ave.
(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 Maplewood
(If outside city or town limits, write "RURAL")
(d) Street No. 7406 Maple Ave.
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME FRANK SCHALL

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 Widowed

6. (b) Name of husband or wife

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

7. Birth date of deceased Feb. 17, 1860 (Month) (Day) (Year)

8. AGE: Years 85 Months 5 Days 24 If less than one day hr. min.

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

10. Usual occupation Retired Bricklayer

11. Industry or business Construction

MOTHER FATHER
12. Name Unknown
13. Birthplace Unknown (City, town, or county) (State or foreign country)
14. Maiden name Unknown Schmidt
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Florence E. Varry
(b) Address 7406 Maple Ave. Maplewood, Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Aug. 13, 1945 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews, St. Louis, Mo.

18. (a) Signature of funeral director Jay B. Smith
(b) Address 7456 Manchester Ave. Maplewood, Mo.

19. (a) 8-13-45 (Date received local registrar) (b) E. J. McGovern (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 11 year 1945 hour 12:30 minute A. M.

21. I hereby certify that I attended the deceased from Aug. 6, 1945, to Aug. 11, 1945, that I last saw him alive on Aug. 11, 1945, and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Arteriosclerosis Softening of the Brain — Duration 2 Mo.
Due to Cerebral Arteriosclerosis
Due to Old age
Other conditions (Include pregnancy within 3 months of death)
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 Thos. H. Hanford (M. D. or other) MD
Address 3903 Olive St. Louis Mo. Date signed 8/11/45

(Licensed Embalmer's Statement on Reverse Side)

Philip H. Hurford
3903 Olive St
11-61

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 3454

....., Registered Apprentice No.....

working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.