

**FILED** MAR 31 1946

**1003**

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_

**1. PLACE OF DEATH:**

(a) County St. Louis, Missouri

(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
St. Louis City Hospital-Max C. Starkloff  
(If not in hospital or institution, write street number or location)  
1mo

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

**3. (a) PRINT FULL NAME** GEORGE SCHAAI

3. (b) If veteran, name war MO I 3. (c) Social Security No. \_\_\_\_\_

4. Sex male 5. Color or race white 6. (a) Single widowed, married, divorced 0

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 2 1890  
(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<u>55</u>	<u>5</u>	<u>24</u>	_____ hr. _____ min.

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

10. Usual occupation laborer

MOTHER FATHER

11. Industry or business \_\_\_\_\_

12. Name Herman School

13. Birthplace Unk 9  
(City, town, or county) (State or foreign country)

14. Maiden name Amelia Meyer

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

16. (a) Informant Adele Hoelzer

(b) Address St Charles Mo

17. (a) Burial (b) Date thereof 2-28-46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St Charles Mo

18. (a) Signature of funeral director Hackman-Bauer

(b) Address St Charles Mo

19. (a) FEB 27 1946 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Missouri (b) County St Charles 92

(c) City or town St Louis 9  
(If outside city or town limits, write "RURAL")

(d) Street No. St Charles Memorial (If rural, give location) NR3

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No) \_\_\_\_\_  
If yes, name country \_\_\_\_\_

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Feb. day 26th  
year 1946 hour 2:15 minute A M.

21. I hereby certify that I attended the deceased from 1/26/46  
to 2/26/46, 19\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
that I last saw him in alive on 2/26/46, 19\_\_\_\_  
and that death occurred on the date and hour stated above.

Immediate cause of death Bronchogenic carcinoma with metastases to liver

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_  
-Of operations \_\_\_\_\_

Of autopsy same

Duration \_\_\_\_\_

**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 Herbert C. Galt 2/26/46  
(Date) (City or town) (County) (State)

Address \_\_\_\_\_ Date signed \_\_\_\_\_

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

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17  
9

6837

MAY 6 1948

**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.....

Licensed Embalmer No..... 3417

P. O. Address.....

**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.**