S. No. 2
M—2-43
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I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 24 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 14421

Registration District No. 317 Primary Registration District No. 6076 Registrar's No. 895

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Veterans Administration Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Since 3/27/46 (Specify whether years, months or days)
In this community 50 Years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5918A Lotus Ave.
(If rural, give location)
(e) Citizen of foreign country? Unknown (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SCHLAG, Joseph
3. (b) If veteran, name war Spanish American
3. (c) Social Security No. Unknown
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Frances Schlag
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased May 24 1874 (Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 28 If less than one day hr. min.

9. Birthplace Germany (City, town, or county) (State or foreign country)
10. Usual occupation Carpenter
11. Industry or business
FATHER 12. Name Unknown
13. Birthplace Germany (City, town, or county) (State or foreign country)
MOTHER 14. Maiden name Unknown
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Clinical Clerk, Vet. Adm. Hosp.
(b) Address Jefferson Barracks, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-24-1946 (Month) (Day) (Year)
(c) Place: burial or cremation Memorial Park Cemetery.
18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.
19. (a) 4-23-46 (Date received local registrar) (b) E. G. McGovern M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 22 year 1946 hour 1:20 minute A M.
21. I hereby certify that I attended the deceased from 3/27/46, 19__, to 4/22/46, 19__; that I last saw him alive on April 22, 1946; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death THROMBO ANGIITIS WITH GANGRENE	UNK
Due to 99.1	
Due to	
Other conditions HYPOSTATIC PNEUMONIA (Include pregnancy within 3 months of death)	UNK

Major findings: Of operations No Operation
Of autopsy No 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) No
(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 L. E. Stillwell L. E. STILWELL, M.D. (M. D. or other)
Address Vet. Adm. Hosp. Jeff. Brks., Mo. Date signed 4/22/46

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(Licensed Embalmer's Statement on Reverse Side)

APR 26 1946

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 C. Clement McNeary

Licensed Embalmer No. 3732

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.