S. No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

15164

State File No.

FILED MAY 2 1946

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3674

1. PLACE OF DEATH:

(a) County
(b) City or town St Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Christian Hospital 4511 N Newstead
(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
(c) City or town St Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3963 Labadie ave
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME EUGENE L. SCHALL

3. (b) If veteran, name war

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife Mary Schall

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

7. Birth date of deceased Sept. (Month) 29 (Day) 1886 (Year)

8. AGE: Years 59 Months 6 Days 22. If less than one day hr. min.

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

10. Usual occupation City Water Works

11. Industry or business

MOTHER FATHER

12. Name John Schall

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

14. Maiden name Mary Schall

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

16. (a) Informant Mary Schall

(b) Address 3963 Labadie Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4/25/46 (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Central Und Co.

(b) Address 1841 Cass Ave

19. (a) APR 22 1946 (Date received local registrar) (b) J. F. Burdeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr day 21 year 1946 hour 7:50 minute P. M.

21. I hereby certify that I attended the deceased from Feb 1st 1943 to Apr 21 1946 that I last saw him alive on Apr 21 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Diabetes mellitus — Duration 3 yrs

Due to Myocarditis chr — 6 mo

Due to

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 Geo A. Mellish (M. D. or other)

Address 2739 Magnolia Date signed 4/22/46

(Licensed Embalmer's Statement on Reverse Side)

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 John Ogonoska

Licensed Embalmer No. 2398

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.