V. S. No. 2
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ev. 5-17-39
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

21045

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 12 1946

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

22176

State File No.

Registration District No. 318

Primary Registration District No.

Registrar's No. 5824

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:
4644 South Grand Blvd.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ------ (Specify whether
In this community 73 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 1006

(a) State Missouri (b) County 000

(c) City or town St. Louis 1517
(If outside city or town limits, write "RURAL")

(d) Street No. 4644 South Grand Blvd.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country ---------

3. (a) PRINT FULL NAME William C. Schoettel

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 Married

6. (b) Name of husband or wife Anna Rose

6. (c) Age of husband or wife if alive Over 21 years

7. Birth date of deceased February (Month) 1, (Day) 1873 (Year)

8. AGE:

Years	Months	Days	If less than one day
73	4	29	hr. min.

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

10. Usual occupation Retired Merchant

11. Industry or business South Side Cleaners

FATHER
12. Name Schoettel
13. Birthplace (City, town, or county) France (State or foreign country)

MOTHER
14. Maiden name Elizabeth Bickel
15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Mrs. Anna Rose Schoettel
(b) Address 4644 South Grand Blvd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof July 2, 1946 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director Beiderwieden F.H.Inc.
(b) Address 1936 St. Louis Avenue

19. (a) JUL 2 1946 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. **DATE OF DEATH:** Month June day 30
year 1946 hour 2: minute 20 A. M.

21. I hereby certify that I attended the deceased from May 15, 1946 to Jun 30, 1946
that I last saw him alive on Jun 30, 1946, 19 ;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pericarditis	
Due to Cardiac & Renal dropsy	
Due to	
Other conditions Liver Sclerosis - Cirrhosis (Include pregnancy within 3 months of death)	

Major findings:
Of operations
Of autopsy

124

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 Dr. Alfred Meyer (M. D. or other)
Address 4661 Virginia St. Date signed 7-1-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Alfred Meyer
4661a Virginia

9:30 - 11:00

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. 4114

P. O. Address 1936 St. Louis Ave.

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.