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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED OCT 21 1946

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 34637

Registration District No. 317 Primary Registration District No. 3063 Registrar's No. 3 [illegible]6

1. PLACE OF DEATH:

(a) County St Louis

(b) City or town Clayton (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St Louis County Hospital (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 8 days (Specify whether In this community Life years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St Louis 96

(c) City or town Wellston (If outside city or town limits, write "RURAL")

(d) Street No. 6306 Page (If rural, give location)

(e) Citizen of foreign country? (~~Yes or~~ No) 1

If yes, name country

3. (a) PRINT FULL NAME Schleyer Oscar F.

3. (b) If veteran, name war None

3. (c) Social Security No. 489-18-0748

4. Sex Male

5. Color or race W

6. (a) Single, ~~widowed, married, divorced~~ S

6. (b) Name of husband or wife

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

7. Birth date of deceased November 14, 1874 (Month) (Day) (Year)

8. AGE: Years 71 Months 10 Days 25 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Jacob Schleyer
13. Birthplace Philadelphia (City, town, or county) Penn. (State or foreign country)

MOTHER
14. Maiden name Rosina Neff
15. Birthplace (City, town, or county) Switzerland (State or foreign country)

16. (a) Informant Louise Rothwell Niece

(b) Address 6241 Page Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-12-1946 (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) 10-14-46 (Date received local registrar) (b) Ruth L. Allen M.D. (Registrar's signature) 50

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 10-9 day year 1946 hour minute 2:50 P.M.

21. I hereby certify that I attended the deceased from Oct 1, 1946 to Oct 9, 1946 that I last saw him alive on Oct 9, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia

Due to

Due to

Other conditions (Include pregnancy within 3 months of death) 1700.8 0.1

Major findings:
Of operations

Of autopsy

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) auto accident 96

(b) Date of occurrence 10-1-46 details unknown

(c) Where did injury occur? St. Louis (City or town) County (County) Mo. (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? public street (Specify type of place)

While at work? no (e) Means of injury struck by auto J

23. Signature [illegible] ~~(M. D. or other)~~ MD

Address 601 Brentwood Clayton Date signed 10-9-46

(Licensed Embalmer's Statement on Reverse Side)

JUL 24 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 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.