V. S. No. 2
50M—1/47
Rev. 5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 21 1947

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 26025

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6703

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: 3136 Mt. Pleasant
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 81-9-22
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3136 Mt. Pleasant
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Jacob Schisler
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 Mary
6. (c) Age of husband or wife if alive 78 years
7. Birth date of deceased Sept (Month) 23 (Day) 1865 (Year)

8. AGE: Years 81 Months 9 Days 22 If less than one day hr. min.

9. Birthplace Mehlville (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Station Engineer
11. Industry or business
MOTHER FATHER
12. Name John Schisler
13. Birthplace Missouri (City, town, or county) (State or foreign country)
14. Maiden name Margaret Bauer
15. Birthplace Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Mary Schisler
(b) Address 3136 Mt. Pleasant
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-18-1947 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul-Church-Yard
18. (a) Signature of funeral director Schumacher Und Co.
(b) Address 3013 Meramec St.
19. (a) JUL 16 1947 (Date received local registrar) (b) J. R. Breeck (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month July day 15 year 1947 hour 8:45 minute A M.
21. I hereby certify that I attended the deceased from 1/14/47, 19, to 7/15/, 19 47 that I last saw him alive on July 14th, 19 47 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Coronary Heart Disease	1 week
Due to	
Due to	
Other conditions: Chr. Arteriosclerosis (Include pregnancy within 3 months of death) and Chr. Nephritis	6 Mo.

Major findings:
Of operations no
Of autopsy no

PHYSICIAN
Underline the cause of 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 W. H. Walters M.D.
Address 3608 S. Grand Blvd. Date signed 7/16/47

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

Dr Wm Walters
3608 S. Grand L47891
2-4 PM

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 Francis Williamson

Licensed Embalmer No. 3565

P. O. Address St. Louis, Mo.

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.