V. S. No. 2
30M—1/47
Rev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED JUL 23 1947

MISSOURI DIVISION OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 26031

Registration District No. 31947

Primary Registration District No. 1003

Registrar's No. 6872

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

**1. PLACE OF DEATH:**

(a) County

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

(c) Name of hospital or institution: 4646 LEE AVE.
(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 Oo 11

(c) City or town SAINT LOUIS 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4646 LEE AVE 9
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No) 7

If yes, name country

3. (a) PRINT FULL NAME FREDERICK L. SCHORLE

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 CLARA SCHORLE Nee MILLER

6. (c) Age of husband or wife if alive 56 years

7. Birth date of deceased (Month) (Day) (Year)

| 8. AGE: | Years | Months | Days | If less than one day |
|---|---|---|---|---|
| | 64 | 8 | 14 | hr. min. |

9. Birthplace GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation RETIRED BAKER

11. Industry or business

FATHER
12. Name DOMINIC SCHORLE
13. Birthplace GERMANY
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ROSITTA FISCHER
15. Birthplace GERMANY
(City, town, or county) (State or foreign country)

16. (a) Informant CLARA SCHORLE
(b) Address 4646 LEE AVE.

17. (a) BURIAL (b) Date thereof JULY 23rd 1947
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation RESURRECTION CEM.

18. (a) Signature of funeral director CALVIN F. FEUTZ
(b) Address 4828 NAT'L BRIDGE BL.

19. (a) JUL 22 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month JULY day 19TH
year 1947 hour 8 minute 30 P. M.

21. I hereby certify that I attended the deceased from Feb 1947, to July 19, 1947
that I last saw him alive on July 19, 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of stomach

Due to

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations Inoperable carcinoma of stomach
Of autopsy

Duration

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 C G Vournas MD (M. D. or other)
Address 539 N. Grand Date signed July 21, 1947

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side) C.G.VOURNAS

## 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.....Ralph C. Linders.....

Licensed Embalmer No.....4275.....

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.