. S. No. 2
)M—1/47
ev. 5-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43468
Registrar's No. 11316

FILED DEC 22 1947
Registration District No. 318
Primary Registration District No. 1003

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: Pronounced dead at City Hospital Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County St. Louis
(c) City or town Mattese
(If outside city or town limits, write "RURAL")
(d) Street No. Mattese School Rd., R-8
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME SCHLATTMANN, Frederick Rev.
3. (b) If veteran, name war no
3. (c) Social Security No. no
4. Sex male
5. Color or race white
6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July at 10 (Month) 1889 (Day) (Year)

8. AGE: Years 58 Months 4 Days 29 If less than one day hr. min.

9. Birthplace St. Libory (City, town, or county) Illinois (State or foreign country)
10. Usual occupation Roman Catholic Priest
11. Industry or business Pastor, Assumption Church
MOTHER FATHER
12. Name Anthony G. Schlattman
13. Birthplace Germany (City, town, or country) (State or foreign country)
14. Maiden name Margaret Harwerth
15. Birthplace Illinois (City, town, or county) (State or foreign country)
16. (a) Informant William A. Schlattmann
(b) Address 4231a W. Sacramento
17. (a) burial (Burial, cremation, or removal) (b) Date thereof 12-13-47 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter + Paul
18. (a) Signature of funeral director Fendler Und. Co.
(b) Address 7420 Michigan Ave.
19. (a) DEC 10 1947 (Date received local registrar) (b) J. F. Bruecke (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Dec. day 9 year 1947 hour 9 minute 45 A.M.
21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....;
that I last saw h..... alive on ....., 19.....;
and that death occurred on the date and hour stated above.

Duration
Immediate cause of death Crushing of skull
Fracture of Brain
Due to (b) The Auto vehicle he was driving
Due to (c) City truck driven by Wm. Dunson
Due to (d) Contributing causes Coronary Thrombosis
Due to the intoxication of liquor and narcotics
Other conditions (Include pregnancy within 3 months of death) Dec. 9 1947
Major findings:
Of operations 170 C = 8
Of autopsy 22

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? Accident
(b) Date of occurrence Dec 9 1947
(c) Where did injury occur? St. Louis (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, or public place? Public street (Specify type of place)
While at work? (e) Means of injury Gasoline
23. Signature Patrick E. Taylor (M. D. or other) 3
Address Deputy Coroner Date signed 12-10-47

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

Jefferson City Printing Co.
(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. V E Morris

Licensed Embalmer No. 3360

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.