No. 2
1/47
7-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED FEB 28 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 6992

Registrar's No. 1681

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 3512 Osage
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days)
In this community

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. 3512 a Osage St.
(If rural, give location)
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph A. Schleifstein
3. (b) If veteran, name war
3. (c) Social Security No. 496-18-9189

4. Sex Male
5. Color or race Wh
6. (a) Single, widowed, married, divorced Mar
6. (b) Name of husband or wife Josephine Bertel
6. (c) Age of husband or wife if alive 61 years
7. Birth date of deceased 1 (Month) 62 (Day) 1885 (Year) 48

8. AGE: Years	Months	Days	If less than one day
63	1	10	hr. min.

9. Birthplace St. Louis Mo (City, town, or county) (State or foreign country)
10. Usual occupation Tool cript Atten
11. Industry or business Measuregraph Co.
MOTHER FATHER
12. Name Henry Schleifstein
13. Birthplace Penn. (City, town, or county) (State or foreign country)
14. Maiden name Barbara Bietch
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Mrs Josephine Schleifstein
(b) Address 3512 A Osage St.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-19-48 (Month) (Day) (Year)
(c) Place: burial or cremation Resurrection Cem.
18. (a) Signature of funeral director Wingbermuehle
(b) Address 3819 S. Grand Blvd.
19. (a) FEB 18 1948 (Date received local registrar) (b) J. F. Biedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day 16th year 1948 hour 10/50 minute P M
21. I hereby certify that I attended the deceased from 12-29-47 to 2-15-48, 19..; that I last saw him alive on 1-10-48, 19..; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Myocardial infarction	
Due to: Coronary thrombosis	
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of autopsy:	

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 (M. D. or other)
Address 4065 Bo Grand Date signed 2/15/48

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

A

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 Elmo R. Cadwell

Licensed Embalmer No. 4077

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.