No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED AUG 12 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 24680

Registrar's No. 6659

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: 3326a Missouri Avenue
(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 Missouri (b) County 000 17

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3326a Missouri 0
(If rural, give location)

(e) Citizen 24 of foreign country No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME ARTHUR SCHALL

3. (b) If veteran, name war

3. (c) Social Security No. 498-05-2186

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Dorothy Schall

6. (c) Age of husband or wife if alive 48 years

7. Birth date of deceased August 8-1894 (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
53	11	18	hr. min.

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

10. Usual occupation Laborer

11. Industry or business Shapleigh Hrdw. Co.

FATHER
12. Name John McDonald
13. Birthplace Boston, (City, town, or county) Massachusetts (State or foreign country)

MOTHER
14. Maiden name Elizabeth Schall
15. Birthplace St. Louis, (City, town, or county) Missouri (State or foreign country)

16. (a) Informant Dorothy Schall
(b) Address 3326a Missouri Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7-29-1948 (Month) (Day) (Year)
(c) Place: burial or cremation Park Lawn

18. (a) Signature of funeral director Mogdell Und
(b) Address 1926 Allen Avenue

19. (a) JUL 29 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 26
year 1948 hour 8 minute 00 P. M.

21. I hereby certify that I attended the deceased from May 25, 1948, 19 to July 26, 1948
that I last saw him alive on July 26, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Heart block	unknown
Due to	
Due to	
Other conditions: essential hypertension & chr. glomerular nephritis	unknown

(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 S. Schultz (M. D. ~~or other~~)

Address 2813 Watson Blvd Date signed 7/27/48

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 Me Registered Apprentice No. working under my personal supervision.

Signed Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1926 Allen Avenue

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.