No. 2
-1/47
-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics
FILED JUL 22 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 24685
Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6222

1. PLACE OF DEATH:
(a) County
(b) City or town St Louis Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Alexian Bros Hospital
(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. 2023 Menard Street
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No) 23
If yes, name country

3. (a) PRINT FULL NAME Anton Schleicher
3. (b) If veteran, name war
3. (c) Social Security No. 488-07-7510
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Inez
6. (c) Age of husband or wife if alive 38 years
7. Birth date of deceased Jan (Month) 21 (Day) 1900 (Year)

8. AGE:

Years	Months	Days	If less than one day
48	5	20	hr. min.

9. Birthplace St Louis Missouri (City, town, or county) (State or foreign country)
10. Usual occupation Foreman
11. Industry or business Hager Hinge Co
FATHER
12. Name William Schleicher
13. Birthplace St Louis Missouri (City, town, or county) (State or foreign country)
MOTHER
14. Maiden name Louise Albrecht
15. Birthplace St Louis Missouri (City, town, or county) (State or foreign country)
16. (a) Informant Inez Schleicher
(b) Address 2023 Menard Street
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 7/13/48 (Month) (Day) (Year)
(c) Place: burial or cremation New St Marcus Cemetery
18. (a) Signature of funeral director Wm C Mogdell Mrd
(b) Address 1926 Allen Av
19. (a) JUL 13 1948 (Date received local registrar) (b) J. F. Bradock (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 11
year 1948 hour 10.30 minute A M.
21. I hereby certify that I attended the deceased from Jan. 1944, 19, to July 11th, 1948
that I last saw him alive on July 11th, 1948
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Carcinoma of the Urinary Bladder.	
Due to	
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) No
(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? No (Specify type of place)
While at work? - (e) Means of injury -
23. Signature Frank Jamico (M. D. or other) M.D.
Address 1319 So. Bdwy-St. Louis, Mo Date signed 7-12-48

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..... Registered Apprentice No..... working under my personal supervision.

Signed S. W. Wilkinson

Licensed Embalmer No. 3575

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.