S. No. 300
M—10-47
v. 5-17-39
I 3906

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

FEDERAL SECURITY AGENCY #91433
National Office of Vital Statistics
FILED NOV 19 1948

MISSOURI DIVISION OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 38614

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 9669

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:
St.Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 0 (Specify whether
In this community years, months or days) J.

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County 17

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

(d) Street No. 736a Dover Pl. 0
Memorial (If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME HENRY SCHLEPER

3. (b) If veteran, name war None

3. (c) Social Security No.

4. Sex Male 0

5. Color or race White

6. (a) Single, widowed, married, divorced Married 1

6. (b) Name of husband or wife Mathilda

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

7. Birth date of deceased March (Month) 3 (Day) 1889 (Year)

8. AGE: Years 59 Months 8 Days 2 If less than one day hr. min.

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

10. Usual occupation Attorney

11. Industry or business

FATHER
12. Name John B. Schleper 11
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Mary Feltman
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Catherine Schroeder
(b) Address 736a Dover Pl.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11 (Month) 8 (Day) 48 (Year)
(c) Place: burial or cremation SS Peter & Paul Cem.

18. (a) Signature of funeral director Kriegshauser Und.Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) NOV 6 1948 (Date received local registrar) (b) J. B. Lasater (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 5th year 1948 hour 8 minute 50 A M.

21. I hereby certify that I attended the deceased from 11/3/48, 19 to Nov. 5th, 1948 that I last saw him alive on Nov. 5th, 1948; and that death occurred on the date and hour stated above.

Immediate cause of death Epidermoid Carcinoma Grade I, Squamous Cell Type of

Due to Hard & Soft Palate c metastases 6 mos

Due to

Other conditions — (Include pregnancy within 3 months of death)

Major findings: Of operations —

Of autopsy Same as above

Duration

PHYSICIAN

Underline the cause to 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? — 0 (Specify type of place)

While at work? — (e) Means of injury —

23. Signature R. Moorman M.D. 1515 Lafayette 11/5/48 (M.D. or other)

Address Date signed

(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 Edwin D McDermott

Licensed Embalmer No. 3024

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.