

FILED JAN 11 1948
Registration District No. **318**

Primary Registration District No. **1003**

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

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 St. John's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 days
(Specify whether years, months or days)

In this community 19 years

3. (a) PRINT FULL NAME EUGENE W. SCHLEPER

3. (b) If veteran, name war None

3. (c) Social Security No. _____

4. Sex Male 5. Color or race White

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

6. (b) Name of husband or wife Joyce Matthews Schleper

6. (c) Age of husband or wife if alive 18 years

7. Birth date of deceased May 17, 1929
(Month) (Day) (Year)

8. AGE: Years 19 Months 6 Days 22
If less than one day hr. _____ min. _____

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

10. Usual occupation Paint Sprayer

11. Industry or business Charter Oak Stove

MOTHER FATHER

12. Name William Schleper

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

14. Maiden name Clara Ehrlicher

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

16. (a) Informant Mrs. Joyce Schleper

(b) Address 4610a North Broadway

17. (a) Burial (b) Date thereof 12-13-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director W. A. Stock

(b) Address 2117 East Grand Blvd.

19. DEC 10 1948 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County one 17

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

(d) Street No. 4610a North Broadway
(If rural, give location)

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

If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 9th
year 1948 hour 5 minute 28 A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw him alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death Chloroform Poisoning & Injury
removal of liver 2 1/2 hours before at
507 1/2 30th when a splint from a watch
struck the chest. I believe it is
likely he was falling to clear the
paint at the Charter Oak stove and
fell to 7734 Hill Street covered
2500m when 7 1/2 1948
to Corliss 50° drive to the Burial

Major findings: 181

Of operations: 1

Of autopsy: 1

Underline the cause of which death should be charged statistically.

22. Death was due to external causes, all in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence 12-7-48

(c) Where did injury occur? 21 mins. W. St.
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Work
(Specify type of place)

While at work? 6 drive

23. Signature Patric E. Daylar (M. D. or other)

Address 1300 Clark Date signed 12-10-48

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

Frank A. Moore

Licensed Embalmer No.

3041

P. O. Address

2117 E. Grand.

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.