

FILED FEB 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

6700

State File No. 1139

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>St. Clair</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u>		c. LENGTH OF STAY (in this place) <u>1 MO.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>E. St. Louis, Illinois</u> <u>8120</u>		d. STREET ADDRESS (If rural, give location) <u>490 N. 82nd Str.,</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Park Lane Memorial Hos.</u>				d. STREET ADDRESS (If rural, give location) <u>490 N. 82nd Str.,</u>			
3. NAME OF DECEASED (Type or Print) <u>Henry</u>		a. (First)		b. (Middle) <u>F.</u>		c. (Last) <u>Schleiger</u>	
4. DATE OF DEATH <u>February 3, 1950</u>		(Month) (Day) (Year)		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, <del>WIDOWED, UNWIDOWED, SEPARATED</del>		8. DATE OF BIRTH <u>May 1, 1976</u>		9. AGE (In years last birthday) <u>73</u>		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Cement Finisher</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Milwaukee, Wisconsin</u>		12. CITIZENRY OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Jacob Schleiger</u>		13b. MOTHER'S MAIDEN NAME <u>Lena</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Ellen Schleiger</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>348-05-1874</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Schleiger E. St. Louis, Ill</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>  ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Chronic interstitial nephritis.</u>  II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>No surgery performed</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>592X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>Jan. 15, 1950</u> , to <u>Feb. 3, 1950</u> , that I last saw the deceased alive on <u>Feb. 3, 1950</u> and that death occurred at <u>9:05 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>[Signature]</u>		(Degree or title) _____		23b. ADDRESS <u>4930 Lindell Blvd. St. Louis 8, Missouri</u>		23c. DATE SIGNED <u>2-4-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Feb. 3, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Valhalla</u>		24d. LOCATION (City, town, or county) (State) <u>Belleville</u>	
DATE REC'D BY LOCAL REG. <u>FEB 6 1950</u>		REGISTRAR'S SIGNATURE <u>J. B. Sasser</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>[Signature] E. St. Louis, Ill</u>			

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

**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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed *Robert E. Hurrance*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *2162*

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.