

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 18601

BIRTH NO. \_\_\_\_\_

REG. DIST. NO. \_\_\_\_\_

318

PRIMARY REG. DIST. NO. \_\_\_\_\_

1003

Registrar's No. 4737

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give town) <i>St. Louis</i>		c. LENGTH OF STAY (in this place)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>3810<sup>a</sup> No. 23rd Street</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>St. Louis</i> 209	
3. NAME OF DECEASED a. (First) <i>August</i> b. (Middle) <i>Schachsieck</i> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <i>May 28, 1950</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>March 10, 1879</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Decorator</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Paperhanger</i>	9. AGE (In years last birthday) <i>71</i>
11. BIRTHPLACE (State or foreign country) <i>Quincy, Illinois</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>William Schachsieck</i>		13b. MOTHER'S MAIDEN NAME <i>Fredericka Heidebreder</i>	
14. NAME OF HUSBAND OR WIFE <i>Mrs. Frieda Schachsieck</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Friedericka Schachsieck 3810<sup>a</sup> No. 23rd Street</i>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>cerebral hemorrhage</i> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <i>Partial Paralysis, left, from previous cerebral occlusion</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>331X</i>	
22. I hereby certify that I attended the deceased from <i>Jan. 5, 1950</i> , to <i>May 28, 1950</i> , that I last saw the deceased alive on <i>May 25, 1950</i> , and that death occurred at <i>6:30 P. m.</i> , from the causes and on the date stated above.			
23. SIGNATURE (Degree or title) <i>William H. Grundmann M.D.</i>		23b. ADDRESS <i>3118 N. Grand</i>	
23c. DATE SIGNED <i>5/30/50</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>June 1, 1950</i>	24c. NAME OF CEMETERY OR CREMATORY <i>New Bethlehem</i>	24d. LOCATION (City, town, or county) (State) <i>St. Louis Co. Missouri</i>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <i>MAY 29 1950 J B Fasater</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Reiderwieden Funeral Home Inc. 1936 St. Louis Ave</i>	

(Licensed Embalmer's Statement on Reverse Side)

1936 St. Louis Ave

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

1 to 3 P.M. July 3 1934

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 *Julius J. Krupin*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3497*

P. O. Address *1936 St. Louis*

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.