

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4805

BIRTH NO.

REG. DIST. NO.

318

PRIMARY REG. DIST. NO.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4430 Manchester Ave.		e. STREET ADDRESS 4430 Manchester Ave.	
3. NAME OF DECEASED (Type or Print) a. (First) CHARLES		b. (Middle) SCHLEPER	
c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) May 29 1950	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 13, 1885
9. AGE (In years last birthday) 64		10. MONTHS 12	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ericklayer-Midwest		10b. KIND OF BUSINESS OR INDUSTRY Construction Co.	
11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME Henry Schleper		13b. MOTHER'S MAIDEN NAME Anna M. Berlage	
14. NAME OF HUSBAND OR WIFE Elizabeth Schleper		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 493-03-4520		17. INFORMANT'S SIGNATURE OR NAME Elizabeth Schleper	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ARTERIOSCLEROTIC HEART DISEASE WITH DECOMPENSATION</u> INTERVAL BETWEEN ONSET AND DEATH <u>APPROX. 1 YR.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS GENERALIZED INDET.</u> DUE TO (c) <u>HISTORY OF CORONARY DISEASE</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>APPROX. 2 YRS.</u>	
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>H2000</u>		22. I hereby certify that I attended the deceased from <u>JANUARY, 1950</u> , to <u>MAY 29, 1950</u> , that I last saw the deceased alive on <u>MAY 29, 1950</u> , and that death occurred at <u>10:30 P.M.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>Henry T. Cooper D.M.D.</u>		23b. ADDRESS <u>818 OLIVE ST. ST. LOUIS 170</u>	
23c. DATE SIGNED <u>31 MAY 1950</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>June 2, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Resurrection Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>St. Louis Co. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. B. Pasater</u>	
25. ADDRESS <u>Kriegshauser 4228 S. Kingshighway Bl.</u>		DATE REC'D BY LOCAL REG. <u>MAY 31 1950</u>	

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

3837 Bowen

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

Edwin A. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. 3026

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.