

FILED MAY 28 1951

STANDARD CERTIFICATE OF DEATH

State File No. 17893  
4634

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1000 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 2019	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6705 Pennsylvania		d. STREET ADDRESS (If rural, give location) 6705 Pennsylvania 0	

3. NAME OF DECEASED (Type or Print) a. (First) Marv b. (Middle) Burle c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) May 16 1951		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Feb. 23 1870		9. AGE (In years last birthday) 81		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nil		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri				12. CITIZEN OF WHAT COUNTRY?	
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13a. FATHER'S NAME Ludwig Schlatman		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Henry			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. No.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Borns 6705 a Pennsylvania			
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION Cerebral Hemorrhage Essential Hypertension Interval between ONSET AND DEATH					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Antecedent Causes Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-Sclerosis DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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? 321X	
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22. I hereby certify that I attended the deceased from 1946, 19, to May 16, 1951, that I last saw the deceased alive on May 16, 1951, and that death occurred at 6:15pm, from the causes and on the date stated above.

23a. SIGNATURE J. B. Wedge, D.C.		23b. ADDRESS 16419 Virginia Av.		23c. DATE SIGNED 5/17/51	
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24a. BURIAL CREMATION, REMOVAL (Specify) Removal		24b. DATE 5-18-1951		24c. NAME OF CEMETERY OR CREMATORY Valley Springs		24d. LOCATION (City, town, or county) (State) St. Genevieve Mo.	
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DATE REC'D BY LOCAL REG. MAY 18 1951		REGISTRAR'S SIGNATURE J. B. Laster		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. P. Fendler Jr. 7128 Michigan	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4714 HA

4634

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

*Clarence Rochow*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3093*

P. O. Address *7128 Michigan*

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.