

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **14754**
3636

MAY 1 - 1952

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 3636	
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. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		2170	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3217 Longfellow Blvd.				d. STREET ADDRESS (If rural, give location) 3217 Longfellow Blvd.			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle) A.		c. (Last) Schlecht		4. DATE OF DEATH (Month) (Day) (Year) Apr. 17, 1952	
5. SEX M.	6. COLOR OR RACE W.	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M.		8. DATE OF BIRTH Mar. 28, 1878		9. AGE (In years last birthday) 74 Months 1 Days 19 Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mgr. Greater St. Louis		10b. KIND OF BUSINESS OR INDUSTRY Automotive Ass'n.		11. BIRTHPLACE (State or foreign country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Charles Schlecht			13b. MOTHER'S MAIDEN NAME Louisa Braun			14. NAME OF HUSBAND OR WIFE Mrs. Mamie Schlecht	
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. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Mamie Schlecht, 3217 Longfellow Blvd.			
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) Hypertension Heart Dis ANTECEDENT CAUSES Morbid 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. _____				INTERVAL BETWEEN ONSET AND DEATH 7-9-47	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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? HH 3X			
22. I hereby certify that I attended the deceased from 7-7 19 47 to 4-19 19 52 ; that I last saw the deceased alive on 4-17 19 52 , and that death occurred at 2:10 a.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Philip Schrick M.D.				23b. ADDRESS 1703 S. Grand		23c. DATE SIGNED 4-17-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr. 21, 1952		24c. NAME OF CEMETERY OR CREMATORY S.S. Peter & Paul Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. APR 17 1952		REGISTRAR'S SIGNATURE Carl Smith		FUNERAL DIRECTOR'S SIGNATURE McArthur J. Donnelly		ADDRESS 840 Lindell Blvd.	

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed [Signature] _____

Licensed Embalmer No. 46199 _____

P. O. Address St. Charles, 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.