

FILED FEB 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4231**

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **590** Registrar's No. **394**

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston		c. LENGTH OF STAY (In this place) 5 years	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6137a Suburban		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Wellston	
3. NAME OF DECEASED (Type or Print) a. (First) Oscar		d. STREET ADDRESS (If rural, give location) 1250 Delaware Ave.	
b. (Middle)		c. (Last) Schlegel	
4. DATE OF DEATH (Month) (Day) (Year) Feb. 1, 1953			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Aug. 15, 1884
9. AGE (In years last birthday) 68		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian-Retired	11. BIRTHPLACE (City and State or Foreign Country) St. Louis, Missouri
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Funeral Home	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Alvin Schlegel		13b. MOTHER'S MAIDEN NAME Elizabeth Burhenna	
14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. 498-01-8912	
17. INFORMANT'S SIGNATURE OR NAME Amanda Dzen		ADDRESS 1250 Delaware Ave.	
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) Coronary Vasculature disease ANTECEDENT CAUSES arterio Sclerosis 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. 42'27.	
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?			
22. I hereby certify that I attended the deceased from Nov. 1952 , to 2-1, 1953 , that I last saw the deceased alive on Feb 12, 1953 and that death occurred at 8:00 P. m. , from the causes and on the date stated above.			
23a. SIGNATURE Wm J O'Reilly M.D. (Degree or title)		23b. ADDRESS 700 Hademan	
23c. DATE SIGNED 2-2-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2/4/53	
24c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Missouri	
DATE REC'D BY LOCAL REG. 2-2-53		REGISTRAR'S SIGNATURE Hester R. Amick	
25. FUNERAL DIRECTOR'S SIGNATURE BROVOST UND. CO.		ADDRESS 3710 N. Grand Bl.	

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

730 Medicinewalk

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

John J. Harris

Licensed Embalmer No. 4108

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.