

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

FILED JUL 19 1954

State File No. **23661**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **207** PRIMARY REG. DIST. NO. **5756** Registrar's No. **33**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Maries</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Jeff Twp</b>	c. LENGTH OF STAY (In this place) <b>1 wk</b>	c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <b>Kirkwood, Mo.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <b>Club House, Belle, R D</b>		d. STREET ADDRESS (If rural, give location) <b>507 Iris Lane</b>	

**3. NAME OF DECEASED** (Type or Print)  
a. (First) **Frank Wm** b. (Middle) **Schliemann** c. (Last) **Sr.**

**4. DATE OF DEATH** (Month) (Day) (Year)  
**July 1st, 1954**

<b>5. SEX</b> Male <input type="radio"/> Female <input type="radio"/>	<b>6. COLOR OR RACE</b> White	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) Married	<b>8. DATE OF BIRTH</b> Oct 17th, 1882	<b>9. AGE</b> (In years last birthday) <b>71</b>	<b>10. MONTH</b> <b>8</b>	<b>11. DAY</b> <b>18</b>	<b>12. IF UNDER 14 HRS.</b> <b>0</b>	<b>13. IF UNDER 14 MINS.</b> <b>0</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Tool &amp; Die Maker</b>			<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Emerson Elect Co</b>			<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Mo.</b>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>

**13a. FATHER'S NAME** **Alois Schliemann** **13b. MOTHER'S MAIDEN NAME** **Agnes Schramm** **14. NAME OF HUSBAND OR WIFE** **Barbra Galster**

**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** **Frank Schliemann, Jr.** **ADDRESS** **Webster Groves**

**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.

**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH** (a) **Coronary arteriosclerotic ht. dis** (b) \_\_\_\_\_ (c) \_\_\_\_\_

**ANTECEDENT CAUSES**  
DUE TO (b) **Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.**  
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** **6 yrs.**

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** **4201**

**20. AUTOPSY?** YES  NO

**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  NOT WHILE AT WORK  **21f. HOW DID INJURY OCCUR?** \_\_\_\_\_

**22. I hereby certify that I attended the deceased from** **Mar 16, 1954**, to **July 1, 1954**, that I last saw the deceased alive on **Mar 16, 1954**, and that death occurred at **10:30 m.**, from the causes and on the date stated above.

**23a. SIGNATURE** (Death or title) **Frank Schliemann, Jr.** **23b. ADDRESS** **507 N. Grand** **23c. DATE SIGNED** **July 8, 54**

**24a. BURIAL, CREMATION, REMOVAL** (Specify) \_\_\_\_\_ **24b. DATE** **7-6-1954** **24c. NAME OF CEMETERY OR CREMATORY** **Sunset Burial Park** **24d. LOCATION (City, town, or county) (State)** **St Louis County Missouri**

**DATE REC'D BY LOCAL REG.** **7-10-54** **REGISTRAR'S SIGNATURE** **Pauline Howard** **25. FUNERAL DIRECTOR'S SIGNATURE** **C. Hoffmeister** **ADDRESS** **Colonial Mortuary**

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

220

508 No Brand  
Dr. Park. E. Co.

JUL 20 1938

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 William G. Jackson

Licensed Embalmer No. 4661

P. O. Address Fuller, 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.