

FILED SEP 6 1956

STANDARD CERTIFICATE OF DEATH

State File No. **29096**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **7568**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ST. LOUIS Mo.</b>		c. CITY OR TOWN <b>ST. LOUIS</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>GEITNER HOME</b>		e. STREET ADDRESS (If rural, give location) <b>76 35 20 MICHIGAN</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>ANNA</b> b. (Middle) <b>-</b> c. (Last) <b>SCHLEICH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>AUG. 13 1956</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOW</b>	
8. DATE OF BIRTH <b>JAN. 12 1878</b>		9. AGE (In years last birthday) <b>78</b>		10. IF UNDER 1 YEAR Months Days	
11. BIRTHPLACE (City and State or Foreign Country) <b>BELLEVILLE ILL.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U-S-A</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WIDOW</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AT Home</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>BELLEVILLE ILL.</b>	

13a. FATHER'S NAME <b>NICHOLAS GANTNER</b>		13b. MOTHER'S MAIDEN NAME <b>ROSE STEHLIK</b>		14. NAME OF HUSBAND OR WIFE <b>HENRY SCHLEICH (DECD)</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>MARGUERITE SCHLEICH</b> ADDRESS <b>3520 MICHIGAN</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral hemorrhage (R side)</b>		II. OTHER SIGNIFICANT CONDITIONS <b>Arteriosclerotic Heart Disease</b>				<b>3 days</b>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis Hypertension</b> DUE TO (c)				<b>years</b> <b>years</b>	

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	
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22. I hereby certify that I attended the deceased from **3/17**, 19**55**, to **8/13**, 19**56**, that I last saw the deceased alive on **8/10**, 19**56**, and that death occurred at **4 P.** m., from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>P. J. Muckopf, M.D.</b>		23b. ADDRESS <b>3554 VICTOR ST. ST. L. (4) MO</b>		23c. DATE SIGNED <b>8/14/56</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>AUG. 16 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>SUNSET BURIAL</b>		24d. LOCATION (City, town, or county) (State) <b>ST. LOUIS Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>AUG 15 1956</b>		REGISTRAR'S SIGNATURE <b>J. Carl Smith M.D.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Thomas Rute 2906 Gravois</b> ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10-48

3554 V. Nelson  
DN 2-0510  
3-5 T. W. W. W.

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.....  
Signature of Student Embalmer

Signed.....  
*James E. Hill*

Licensed Embalmer No. *4347*

P. O. Address *2906*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.