

AMENDED

STATE AMENDMENTS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

Registration District No. **318** Primary Registration District No. **1003** Registrar's No. **2147** STATE FILE NUMBER **61-011526**

FILED VS MAR 16 1961

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Louis		c. CITY OR TOWN St. Louis	
Length of stay in lb		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Pronounced dead at INSTITUTION City Hospital		d. STREET ADDRESS (If outside, give location) 8304 Minnesota Av.	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First **JOHN** Middle **B.** Last **SCHLICHTIG**

4. DATE OF DEATH Month **March** Day **2** Year **1961**

5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3/21/1891	9. AGE (last birthday) 69	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Prison Guard (retired lyr.)	10b. KIND OF BUSINESS OR INDUSTRY St. Louis Metropolitan Police Department	11. BIRTHPLACE (City and state or country) St. Louis, Missouri	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME John G. Schlichtig	13b. MOTHER'S MAIDEN NAME Antoinette Haar	14. NAME OF HUSBAND OR WIFE Magdalen Schlichtig
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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) yes WW I	16. SOCIAL SECURITY NO. none	17. INFORMANT Magdalen Schlichtig	Address 8304 Minnesota Av.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). DEATH WAS CAUSED BY:

PART I. IMMEDIATE CAUSE (a) **myocardial infarction** INTERVAL BETWEEN ONSET AND DEATH **1 day**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **arterio-sclerotic heart** **2 yrs.**

DUE TO (c) **disease with myocardial ischemia**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Pneumonitis, left lower lobe;

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 426-0
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20c. TIME OF INJURY Hour **4 P.M.** Month, Day, Year **Feb. 19-61**

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION St. Louis	COUNTY St. Louis	STATE Missouri
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21. I attended the deceased from **Feb. 19-61** to **Mar 2-61** and last saw him alive on **Feb 26-61**

Death occurred at **4 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE George A. O'Sullivan, M.D.	22b. ADDRESS 7629 Ivory Ave	22c. DATE SIGNED 3-6-61
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/6/1961	23c. NAME OF CEMETERY OR CREMATORY SS. Peter & Paul Cemetery	23d. LOCATION (City, town, or county) St. Louis, Missouri
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24. FUNERAL DIRECTOR Gebken-Benz Mortuary, Inc., 2842 Meramec	25. DATE RECD. BY LOCAL REG. St. 3-3-1961	26. REGISTRAR'S SIGNATURE Paul Smith, M.D.
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St. Louis, 18 Missouri

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 _____
Signature of Student Embalmer

Signed Joe S. Benz _____

Licensed Embalmer No. 4249
2842 Meramec St.
P. O. Address St. Louis, 18 Miss

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.