

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUSMISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 12745
Registrar's No. 3940

FILED MAY 7 1948 318

Registration District No.

Primary Registration District No.

1003

Registrar's No.

3940

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community.....
years, months or days)

3. (a) PRINT FULL NAME August Schiffhorst3. (b) If veteran, name war..... 3. (c) Social Security No. 489-09-5705

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced, single
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if
alive..... years

7. Birth date of deceased August 7, 1881
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>61</u>	<u>8</u>	<u>18</u>	hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Unemployed cigar worker

11. Industry or business.....

12. Name Fred Schiffhorst
13. Birthplace Not known Not known
(City, town, or county) (State or foreign country)
14. Maiden name Christine Bockstiegel
15. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Schiffhorst(b) Address 307 Olive Street17. (a) burial (b) Date thereof 4/28/43
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Bethany Cemetery18. (a) Signature of funeral director J L Ziegenhein & Sons(b) Address 7027 Gravois19. (a) APP 22 1948 (b) J F Briedeck
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 925 Palm
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Apr. day 25th
year 1943 hour 3:45 minute A. M.21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....
that I last saw him..... alive on....., 19.....
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage,
fracture of both legs, fracture ribs,
when he was found on the sidewalk
at 9th and Branch Street about 11:55
P.M. April 24, 1943. TIME, PLACE
AND MANNER COULD NOT BE ASCERTAINED.

Due to.....

OPEN VERDICT

Other conditions.....
(Include pregnancy within 3 months of death)Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline
the cause to
which death
should be
charged sta-
tistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) OPEN VERDICT
(b) Date of occurrence 4-24-1943
St. Louis, Mo.
(c) Where did injury occur?.....
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
public place

While at work?..... (Specify type of place) (Means of injury)

23. Signature Alfred Cherry (M. D. or other).....
Address Deputy Coroner Date signed 4/26/43

(Licensed Embalmer's Statement on Reverse Side)

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

Embalmer's Certificate to be filed

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.