

CT 18 1938

1938 NOV 2

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

38900
Do not use this space.

1. PLACE OF DEATH
(a) County ST. LOUIS Registration District No. 284
(b) Township Meramec Primary Registration District No. 103 (107)
(c) City STANTON MISSOURI (d) Street No. 4XXXXXXX XXX XXX Registered No. 1687
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME George Schaaless
(a) Residence, No. 4868 Goethe Ave. St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OR (OR) WIFE OF Mamie Fogerty Schaaless
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 26th, 1876
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 06 19
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Painter
9. Industry or business in which work was done, as saw mill, bank, etc. General Painting
10. Date deceased last worked at this occupation (month and year) October 1938 11. Total time (years) spent in this occupation 40

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis Mo.

13. NAME John H. Schaaless

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

15. MAIDEN NAME Anna F. Stracklejohn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Anna Schaaless Sister
(ADDRESS) 4868 Goethe Ave.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Peters Cem DATE Oct 19th, 1938

19. FUNERAL DIRECTOR (NAME) Henry L. Weidemueler
(ADDRESS) 6203 Gravois Ave.

20. FILED OCT 18 1938 19 St. Louis Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h..... alive on _____, 19____. Death is said to have occurred on the date stated above, at 5 P. m.
The principal cause of death and related causes of importance were as follows:

Coronary occlusion
Date of onset 10/15/38

Other contributory causes of importance:
94%

Name of operation..... Date of.....
What test confirmed diagnosis..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide?..... Date of injury....., 19____
Where did injury occur?.....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury.....
Nature of injury.....

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify..... (Signed) John O'Connell, M. D.
(Address) Franklin County

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

J. S. Sullivan

Licensed Embalmer No. 1122

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, above space should be left blank.