

REC'D FEB 10 1939

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

791

1003

825

Do not use this space.

Registered No. 825

1. PLACE OF DEATH

(a) County Registration District No.
 (b) Township Primary Registration District No.
 (c) City St. Louis (d) Street No. 3948 N. 20th St.
 (e) Length of residence in city or town where death occurred 40 yrs. - mos. - da. (f) How long in U.S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME Charles Schachsick

(a) Residence, No. 3948 N. 20th St. St. 20 (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Schachsick

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 13, 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 7 12

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Interior Decorator
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Quincy (STATE OR COUNTRY) Illinois

FATHER 13. NAME Wm. Schachsick

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

MOTHER 15. MAIDEN NAME Fredericks Weidbreder

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

17. INFORMANT Linnie Schachsick (ADDRESS) 3948 N. 20th St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Friedens Cem. DATE Jan. 27, 1939

19. FUNERAL DIRECTOR (NAME) Suedmeyer & Sons (ADDRESS) 3934 N. 20th St.

20. FILED JAN 26 1939 J. F. Bredok Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1939, to Jan 25, 1939

I last saw him alive on Jan 24, 1939. Death is said to have occurred on the date stated above, at 12:30 a.m.
 The principal cause of death and related causes of importance were as follows:

Myocarditis - mitral stenosis - following Rheumatism one year ago.

Date of onset one year ago

Other contributory causes of importance: Nephritis - glomerular, caused by Rheumatism one month ago

Name of operation None Date of
 What test confirmed diagnosis? Clinical 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?
 If so, specify Geo Amelias M. D.
 (Signed) (Address) 2739 N. Grand Blvd

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.....

Geo. P. Schubert,
working under my personal supervision.

....., Registered Apprentice No.

Signed *Geo. P. Schubert.*

Licensed Embalmer No. *2212*

P. O. Address *5118 1/2 N. Kingshighway*
(Failure to complete)

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.