

MAR 13 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5126
Do not use this space.
1819

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1003**
 (c) City **St. Louis** (d) Street No. **De Paul** St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (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.

2. PRINT FULL NAME **Henry Schlesinger**

(a) Residence, No. **7567 Cornell Ave.** St. **WA** **University City Mo.**
 (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) **Married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Mary Jo Schlesinger**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Dec. 17, 1874**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
64 2 6

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

13. NAME **Carl Schlesinger**

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

15. MAIDEN NAME **Rose Michel**

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

17. INFORMANT **Rosemary Schlesinger**
 (ADDRESS) **7567 Cornell Ave.**

18. BURIAL, CREMATION, OR REMOVAL PLACE **New St. Peter & Paul** DATE **2-27**, 19**39**

19. FUNERAL DIRECTOR (NAME) **Kriegshauser Mortuar**
 (ADDRESS) **4228 So. Kingshighway**

20. FILED **19** **Local Registrar**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Feb 23, 1939**

22. I HEREBY CERTIFY, That I attended deceased from **March 17, 1927** to **Feb 23, 1939**

I last saw him on **Feb 23, 1939**. Death is said to have occurred on the date stated above, at **4:57 P.M.**

The principal cause of death and related causes of importance were as follows:

Coronary disease Date of onset **Aug 18, 1934**
Phonetic spasms **1934**
hypertrophy of prostate **1938**

Other contributory causes of importance:

Name of operation..... 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? **no**
 If so, specify.....

(Signed) **Frank R. Frangenberg, M.D.**
 (Address) **539 North 9th**

FEB 25 1939

(Licensed Embalmer's Statement on Reverse Side)

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.

Dr. Finnigan
Humboldt Bldg.
until 2 30

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.....
Edwin A. M. Dennis

Licensed Embalmer No. *3024*

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.