C 7 - 1939

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 44752

Registration District No. 784 Primary Registration District No. 200 Registrar's No. 2145

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Rural St. Ferdinand Township (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 7188 Theodore (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) 45 yrs.

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Ferdinand Township (If outside city or town limits, write "RURAL")

(d) Street No. 7188 Theodore (If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME John Taschler

3. (b) If veteran, name war Nil

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Rose Taschler

6. (c) Age of husband or wife if alive 45 years

7. Birth date of deceased February (Month) 27 (Day) 1889 (Year)

8. AGE: Years 50 Months 9 Days 9 If less than one day hr. min.

9. Birthplace Unknown (City, town, or county) Austria (State or foreign country)

10. Usual occupation Helper on Ice Truck

11. Industry or business Ice & Fuel

FATHER
12. Name Anton Taschler
13. Birthplace Unknown (City, town, or county) Austria (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)

16. (a) Informant's own signature X Rose Taschler

(b) Address X 7188 Theodore St. Louis County

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 8 1939 (Month) (Day) (Year)

(c) Place: burial or cremation St. Johns Cemetery

18. (a) Signature of funeral director Suedmeyer & Sons

(b) Address 3934 N. 20th

19. (a) DEC 7 - 1939 (Date received local registrar) (b) A. R. Meyer Mortgage (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 6 year 1939 hour 7:35 minute A. M.

21. I hereby certify that I attended the deceased from Nov. 30, 1939, to Dec. 6, 1939; that I last saw him alive on Dec. 5, 1939 and that death occurred on the date and hour stated above.

Immediate cause of death Influenza without Respiratory Complication — Duration 2 wks

Due to Cold

Due to

Other conditions Chronic Alcoholism (Include pregnancy within 3 months of death)

Major findings: Of operations none

Of autopsy none

PHYSICIAN — Underline the cause to which death should be charged statistically

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

(a) Accident, suicide, or homicide (specify) —

(b) Date of occurrence —

(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? (Specify type of place)

While at work? — (e) Means of injury —

23. Signature Albert Wall (M. D. ~~or other~~)

Address 5322 Helen Ave Date signed 12/7/39

(Licensed Embalmer's Statement on Reverse Side)

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

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.

SUM-5-17-39 Rev. 5-17-39 1 X19511

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

Signed Geo. P. Schubert

Licensed Embalmer No. 2212

P. O. Address 5118 N. Kingshighway

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.