

LED JUN 15 1940
Registration District No. 791

Primary Registration District No. 1003

State File No. _____

Registrar's No. 4640

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis County
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Anthony Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days
(Specify whether
In this community 76 years
years, months or days)

3. (a) PRINT FULL NAME Charles J. Schall 100

3. (b) If veteran, name war -----
3. (c) Social Security No. None

4. Sex Male 5. Color or race White
6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Unknown
6. (c) Age of husband or wife if alive, ----- years

7. Birth date of deceased September 3, 1863
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
76 8 22 hr. min.

9. Birthplace St. Louis Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Pressman

11. Industry or business _____

12. Name Charles Schall

13. Birthplace Germany
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Mrs. H. E. Liebbers

(b) Address 4922 Heege Road

17. (a) Burial (b) Date thereof 5/28/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation O.S.S. Peter & Paul

18. (a) Signature of funeral director Wicks - Melchert

(b) Address 2331 S. Broadway

19. (a) MAY 27 1940 (b) J. F. Budeck
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town GARDENVILLE NR
(If outside city or town limits, write "RURAL")
(d) Street No. 4942 Heege Rd.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 25
year 1940 hour 3 minute 50 a.m.

21. I hereby certify that I attended the deceased from May 12, 1940, to May 25, 1940
that I last saw him alive on May 24, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death
Diabetes mellitus
Myocarditis, chronic

Due to _____
Due to _____

Other conditions gangrene Rt. foot
(Include pregnancy within 3 months of death)

Major findings: amputation
Of operations _____
Of autopsy _____

Duration
4 yrs
11
PHYSICIAN
Underline the cause to which death should be charged statistically.

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

(a) Accident, suicide, or homicide (specify) infected burrow

(b) Date of occurrence 5/10/40

(c) Where did injury occur? Home
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
Home

While at work? no work (Specify type of place) (e) Means of injury shoe

23. Signature Walter M. Jones (M. D. or other)

Address 3400 Meramec Date signed 5/25/40

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

MOTHER FATHER

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 Robert Wheeler

Licensed Embalmer No. 2178

P. O. Address St. Louis

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.