SEP 5

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29628

Registration District No. 784 Primary Registration District No. 107 Registrar's No. 1586

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Ladue Village (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 1725 McNight Rd. (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)

2. USUAL RESIDENCE OF DECEASED:

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

(c) City or town Ladue (If outside city or town limits, write "RURAL")

(d) Street No. 1725 McNight Rd. (If rural, give location)

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

3. (a) PRINT FULL NAME Paul H. Schlingman 452

3. (b) If veteran, name war

3. (c) Social Security No. 489-10-8394

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Margaret Schlingman

6. (c) Age of husband or wife if alive 55 years

7. Birth date of deceased March (Month) 28 (Day) 1884 (Year)

8. AGE: Years 56 Months 4 Days 20 If less than one day hr. min.

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

10. Usual occupation Electrical Engineer

11. Industry or business General Electric Co

FATHER
12. Name Frank Schlingman
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Anna (not known)
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant's own signature Margaret Schlingman

(b) Address 1725 McNight Rd.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 8/21/40 (Month) (Day) (Year)

(c) Place: burial or cremation New Pickers Cemetery

18. (a) Signature of funeral director Charles Kron Funeral Home

(b) Address 4911 Washington Bl.

19. (a) AUG 20 1940 (Date received local registrar) (b) N. G. Meyer M. D. Dr. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 18 year 1940 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from April 16, 1937 to Aug 18, 1940 that I last saw him alive on Aug 18, 1940 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Coronary thrombosis	?
Due to Chronic myocarditis	?
Due to Hypertention	1937
Other conditions (Include pregnancy within 3 months of death)	

Major findings: Of operations no operation

Of autopsy no autopsy

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) no.

(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 James A. Forsen (M. D. or other) MD

Address 3903 Olive St Date signed 8-19-40

(Licensed Embalmer's Statement on Reverse Side)

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 Thomas R. Fenwick

Licensed Embalmer No. 3793

P. O. Address St Louis Mo.

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

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