

791

1003

State File No. \_\_\_\_\_

Registrar's No. 9237

Registration District No. \_\_\_\_\_

Primary Registration District No. \_\_\_\_\_

FILED DEC 11 1940

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4220 Wyoming St.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)  
In this community 50 yrs  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4220 Wyoming St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A.? 50 yrs years.

3. (a) PRINT FULL NAME Joseph C. Schuengel

3. (b) If veteran, name war None 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 Anna Schuengel 6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased Aug. 15 1866  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
74 2 24 hr. min.

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

10. Usual occupation Blacksmith

11. Industry or business Buschs retired 16 Yrs.

MOTHER FATHER { 12. Name Conrad Schuengel

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

14. Maiden name Unknown

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

16. (a) Informant Joseph Schuengel

(b) Address 4220 Wyoming St.

17. (a) Burial (b) Date thereof 11-11-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Peter & Paul

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4220 So. Kingshighway Blvd.

19. (a) NOV 10 1940 (b) J.D. Burk  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 8th  
year 1940 hour 7 minute P.M. M.

21. I hereby certify that I attended the deceased from March 11  
1940, to Nov. 8, 1940  
that I last saw him alive on Nov. 8, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Caecum + bladder Duration 6 mo  
Urinary  
Due to Enlarged prostate 8 mo  
Primary site caecum  
Due to \_\_\_\_\_  
Other conditions 46  
(Include pregnancy within 3 months of death)

Major findings: stage supra pubic  
Of operations performed April  
Of autopsy Wall of abdomen lower right quadrant plugged  
PHYSICIAN \_\_\_\_\_  
Underline the cause to which death should be charged statistically.

22. If death was due to external cause, 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? \_\_\_\_\_

23. Signature Walter Friedman (M. D. or other) MD  
Address 3146 Morganford Date signed 11-2-40

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

Dr. Eidman

3146 Main St  
Portland

for 3757 1-2

**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 M. Bennett

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, fact should be so stated above.**