

Registration District No. **791** Primary Registration District No. **791** **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: **4620 Pennsylvania Ave.**
(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)

3. (a) PRINT FULL NAME **MATHIAS SCHOTTEL**
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Anna Schottel** 6. (c) Age of husband or wife if alive **78** years
7. Birth date of deceased **June 16 1859**
(Month) (Day) (Year)

8. AGE: Years **81** Months **4** Days **24** If less than one day _____ hr. _____ min.

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

10. Usual occupation **Day Laborer**
11. Industry or business **Retired 12 yrs.**

MOTHER FATHER { 12. Name **Herman Schottel**
13. Birthplace **Germany.**
(City, town, or county) (State or foreign country)
14. Maiden name **Dont Know.**
15. Birthplace **Dont Know.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Anna Schottel**
(b) Address **4620 Pennsylvania Ave.**

17. (a) **Burial** (b) Date thereof **Nov. 13, 1940**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **SS, Peter & Paul Cem.**

18. (a) Signature of funeral director **J. H. Gebken & Co.**
(b) Address **2842 Meramec St.**

19. (a) **NOV 12 1940** (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis.** **15**
(If outside city or town limits, write "RURAL")
(d) Street No. **4620 Pennsylvania Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A.? **59** years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Nov.** day **10th**
year **1940** hour **12** minute **35** P. M.

21. I hereby certify that I attended the deceased from **April 8, 1939** to **November 11, 1940**
that I last saw him alive on **November 11, 1940**
and that death occurred on the date and hour stated above.

Immediate cause of death _____ Duration _____
Acute Cardiac
degeneration
myocarditis ch. **Nov 11-40**
Due to _____
Endocarditis, mitral
Due to _____
Chr. Nephritis **1938**
Other conditions (include pregnancy within 3 months of death) _____
glomerular
Major findings: **none** **1940**
operations _____
Of autopsy **no**

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? _____

While at work _____ (Specify type of place) (e) Means of injury _____
23. Signature **J. H. Gebken** (M. D. or other) **MD**
Address **2767 Georgia** Date signed **11-12-40**

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

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

Signed.....

Robert F. Gebken

Licensed Embalmer No. 4144
2842 Meramec St.
P. O. Address St. Louis, Mo.

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.