

S. No. 2  
M-1-4-41  
v. 5-17-39  
X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
MAY 13 1941  
MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

13018  
State File No.  
Registrar's No. 3448

Registration District No. 791 Primary Registration District No. 1003

1. PLACE OF DEATH:  
(a) County \_\_\_\_\_  
(b) City or town St. Louis.  
(c) Name of hospital or institution: City Hospital.  
(d) Length of stay: In hospital or institution 3 hours.  
In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri. (b) County 009 11  
(c) City or town St. Louis.  
(d) Street No. 3640 Garfield Ave  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charles Tschee  
(b) If veteran, name war No.  
(c) Social Security No. 488-03-0902

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month April day 20th  
year 1941 hour 2:30 minute P. M.  
21. I hereby certify that I attended the deceased from \_\_\_\_\_  
\_\_\_\_\_ 19\_\_\_\_ to \_\_\_\_\_ 19\_\_\_\_  
that I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_ 19\_\_\_\_  
and that death occurred on the date and hour stated above.

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

Immediate cause of death \_\_\_\_\_  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

6. (b) Name of husband or wife Late Katie Tschee  
7. Birth date of deceased December 31 1878.  
(Month) (Day) (Year)

Other conditions \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
Duration \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
62 3 19 hr. min.

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

10. Usual occupation Butcher

11. Industry or business American Packing Co.

12. Name Joseph Tschee.  
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 Virgil T. Tschee.  
(b) Address 3722a Wisconsin Ave.

17. (a) Burial (b) Date thereof 4-23-41.  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters cem.

18. (a) Signature of funeral director Hy. Leidner Und. Co.  
(b) Address 2223 St. Louis Ave.

19. (a) ADD 23 10041 (b) J. F. Brubaker  
(Date received local registrar) (Registrar's signature)

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 3  
23. Signature Thomas J. Callahan D. or other.  
Address Deputy Coroner Date signed 4/22/41

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

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**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 Homer L. Ponder

Licensed Embalmer No. 3767

P. O. Address 2223 St. Louis ave.

**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.**