

No. 2
-1-4-41
5-17-39
I X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

JUN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 16359

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 3877

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution: City Sanitarium

(d) Length of stay: In hospital or institution 4 days

In this community 65 yrs. 11 mos. 1 day

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 1721

(d) Street No. 2207 Chestnut St. (If rural, give location) 7

(e) Citizen of foreign country? (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME JOHN SCHRAND

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 7 year 1941 hour 1:15 minute A. M.

21. I hereby certify that I attended the deceased from 5-5-41 to 5-7-41 that I last saw him alive on 5-7-41 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, single

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

7. Birth date of deceased June 6, 1875

Immediate cause of death: Arteriosclerotic heart disease (onset 5-6-41x)

Due to Generalized -arteriosclerosis (onset 5-6-41x)

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy No.

PHYSICIAN: Underline the cause to which death should be charged statistically.

8. AGE: Years 65 Months 11 Days 1 If less than one day hr. min.

9. Birthplace St. Louis Missouri

10. Usual occupation Painter

11. Industry or business House Painter

MOTHER FATHER

12. Name Unknown

13. Birthplace Unknown Unknown

14. Maiden name Unknown

15. Birthplace Unknown Unknown

16. (a) Informant P. Deggendorf

(b) Address

17. (a) Burial (b) Date thereof May 8-1941

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

18. (a) Signature of funeral director J. H. Bredich

(b) Address 2906

19. (a) MAY 7 1941 (b) J. H. Bredich (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

23. Signature H. K. Helder M.D. (M.D. or other)

Address 5400 Central Ave. signed

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.....

Leo Budd, Registered Apprentice No.....
working under my personal supervision.

Signed.....
Leo Budd
Licensed Embalmer No. 3989
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.