DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 29706

FILED OCT 18 1941

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7044

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

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: St. Johns Hospital. (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 5 Weeks. (Specify whether years, months or days)

In this community 59 Years.

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") 17

(d) Street No. 5269 Robin Ave. (If rural, give location) 9

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

If yes, name country

3. (a) PRINT FULL NAME Charles E. Schlessinger.

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 Widowed.

6. (b) Name of husband or wife Anna.

6. (c) Age of husband or wife if alive Died At 72. years

7. Birth date of deceased July 18, 1867. (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
74	1	12	hr. min.

9. Birthplace Germany. (City, town, or county) 4 (State or foreign country)

10. Usual occupation Retired Street Car Man

11. Industry or business Public Service Co.

FATHER
12. Name Ernst Schlessinger.
13. Birthplace Germany. (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name UNKNOWN.
15. Birthplace Germany. (City, town, or county) 4 (State or foreign country)

16. (a) Informant Albert E. Schlessinger.

(b) Address 5269 Robin Ave.

17. (a) Burial. (Burial, cremation, or removal) (b) Date thereof Sept. 2, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation New Bethlehem.

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave.

19. (a) SEP 1 1941 (Received local registrar) (b) J. F. Boedeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. 30 day year 1941 hour 12 minute 30 A.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.

Immediate cause of death Hypostatic Congestion of the Lungs Cellulose Pneumonia

Due to Chronic Parenchymatous Nephritis, Fracture of right leg

Due to When he Walked in front of a Car Driven by one William Ryan Tibbles at Union and Natural Bridge ave

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations July 26-1941 about 7 30 PM

Of autopsy

Duration

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) Accident

(b) Date of occurrence July 26-1941 000

(c) Where did injury occur? St Louis Mo (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Public Place (Specify type of place)

While at work? (e) Means of injury

23. Signature Alfred Perry (M. D. or other)

Address Lexington Ave Date signed 9/1/41

(Licensed Embalmer's Statement on Reverse Side)

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 William G. Bucht

Licensed Embalmer No. 2110

P. O. Address St. Louis

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

If this body is not embalmed, fact should be so stated above.