

STANDARD CERTIFICATE OF DEATH

State File No. 29908

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7247

1. PLACE OF DEATH:

(a) County St. Louis, Missouri  
(b) City or town St. Louis, Missouri  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
1467 N. Union 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 William John J. Schaelich

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 Single

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

7. Birth date of deceased April 24, 1938  
(Month) (Day) (Year)

8. AGE: Years 3 Months 4 Days 11 If less than one day hr. min.

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

10. Usual occupation None

11. Industry or business

MOTHER FATHER { 12. Name William Schaelich  
13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Gertrude Tooby  
15. Birthplace St. Louis, Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Gertrude Schaelich

(b) Address 5022 Dewey

17. (a) Burial (b) Date thereof 9-8-41  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 Grand Blvd.

19. (a) SEP 8 1941 (b) J. Bredsch  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town St. Louis 15 17  
(If outside city or town limits, write "RURAL")  
(d) Street No. 5022 Dewey  
(If rural, give location)  
(e) Citizen of foreign country? 0 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 5th  
year 1941 hour 3 p.m. minute..... M.

21. I hereby certify that I attended the deceased from....., 19....., to....., 19.....  
that I last saw him alive on....., 19.....  
and that death occurred on the date and hour stated above.

Immediate cause of death Shock Status Thyroid Duration  
Lymphaticus following  
Typhoidectomy by Dr  
Due to Jules Brady at  
1467 Union Blvd  
Due to Sept 5-1941 7:30 am

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations 1150 PHYSICIAN  
Of autopsy.....  
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 3  
23. Signature Thomas J. Palmer (M.D. or other)  
Address Deputy Coroner Date signed 9/8/41

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.....

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

Signed..... *Virgil L. Berryman*  
Licensed Embalmer No..... *14018*  
P. O. Address..... *St. Louis Mo.*

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

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