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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

# STANDARD CERTIFICATE OF DEATH

State File No. 39372

FILLED DEC 1 1941

Registration District No. 784 Primary Registration District No. 101 Registrar's No. 2356

**1. PLACE OF DEATH:**

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 8 days (Specify whether
In this community years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State Mo. (b) County St. Louis 96
(c) City or town Rural Lemay 0
(If outside city or town limits, write "RURAL")
(d) Street No. 427 W. Rippa 0
(If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Charles M. Shatzer

3. (b) If veteran, name war unknown

3. (c) Social Security No. unknown

4. Sex Male C

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Flora Shatzer

6. (c) Age of husband or wife if alive 78 years

7. Birth date of deceased June 15 1853
(Month) (Day) (Year)

| 8. AGE: Years | Months | Days | If less than one day |
|---|---|---|---|
| 88 | 5 | 5 | hr. min. |

9. Birthplace unknown Pa. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Steel worker

11. Industry or business Retired

FATHER
12. Name William Shatzer
13. Birthplace Unknown Pa. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna Bornkork
15. Birthplace unknown Pa. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Flora Shatzer
(b) Address 5054 Wells Ave.

17. (a) Burial (b) Date thereof 11-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Laurel Hill Cem.

18. (a) Signature of funeral director Drehmann-Harral
(b) Address 1905 Union Blvd.

19. (a) NOV 21 1941 (b) C. G. McGarvey MD
(Date received local registrar) (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Nov. day 20
year 1941 hour 5 minute 45 A.M.

21. I hereby certify that I attended the deceased from 11-12-41, 19, to 11-20-41, 19;
that I last saw him alive on 11-20-41, 19;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary occlusion — Duration 8 days

Due to Cardio renal vascular disease ?

Due to

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy L + coronary thrombosis

**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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature Edward Jennings Becker (M. D. ~~or other~~)
Address [illegible] Date signed 11/20/41

(Licensed Embalmer's Statement on Reverse Side)

[illegible], Ohio
By Beaker

**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 Warren A. Carver

Licensed Embalmer No. 3534

P. O. Address.....

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

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