S. No. 2
M—1-4-41
V. 5-17-39
I 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

40505

State File No.

ED JAN 24 1946 791

Registration District No.

Primary Registration District No. 1003

Registrar's No. 10257

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: 2705 January Avenue
(If not in hospital or institution, write street number or location)

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

In this community born here

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 1300 13

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 2705 January Avenue 5
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Frank J. Schaab, Sr.

3. (b) If veteran, name war

3. (c) Social Security No. 497-05-1690

4. Sex Male 0

5. Color or race White

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

6. (b) Name of husband or wife Catherine Schaab

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

7. Birth date of deceased August (Month) 16, (Day) 1881 (Year)

8. AGE: Years 60 Months 4 Days 8 If less than one day hr. min.

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

10. Usual occupation Charge Attendant

11. Industry or business City Sanitarium

FATHER 12. Name Frank Schaab

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

MOTHER 14. Maiden name Elizabeth Bergmann

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

16. (a) Informant Mrs. Catherine Schaab

(b) Address 2705 January Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Dec. 27, 1941 (Month) (Day) (Year)

(c) Place: burial or cremation New S. S. Peter & Paul Cem.

18. (a) Signature of funeral director Wm. J. Robert L. + U. Co.

(b) Address 1905 So. Grand Blvd.

19. (a) DEC 26 1941 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 24 year 1941 hour 8 minute 15 A. M.

21. I hereby certify that I attended the deceased from 12/23, 1941, to 12/24, 1941, that I last saw him alive on 12/24, 1941, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Embolism	2 days
Due to: Arteriosclerosis	?
Due to:	
Other conditions (Include pregnancy within 3 months of death): Myocarditis Chronic, Bronchitis Chronic	

Major findings:
Of operations: None
Of autopsy: None

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 H. H. Steinmann M.D. (M. D. or other)

Address 5428a Magnolia Date signed 12/26/41

(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 J. Allen Davis Jr.

Licensed Embalmer No. 4053

P. O. Address 4355 Washington 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.