

FILED APR 8 1942

Registration District No. **1791** Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis**
(c) Name of hospital or institution: **4242 College Avenue 1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
In this community **Since Birth** (Specify whether years, months or days)

3. (a) PRINT FULL NAME **HENRY G. SCHABERG,**

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. **Married**

6. (b) Name of husband or wife..... **Mary Schaberg (Nollmann)** 6. (c) Age of husband or wife if alive. **77 yrs** years

7. Birth date of deceased **Feb. 25, 1863** (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
79 0 10 hr. min.

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

10. Usual occupation **Cigar Manufacturer**

11. Industry or business
12. Name **Henry Schaberg**
13. Birthplace **Germany 4** (City, town, or county) (State or foreign country)
14. Maiden name **Not known**
15. Birthplace **Germany 4** (City, town, or county) (State or foreign country)

16. (a) Informant **Mrs. Mary Schaberg**
(b) Address **4242 College Avenue**

17. (a) **Burial** (b) Date thereof **3/10/42** (Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **St. Peters Cemetery**

18. (a) Signature of funeral director **Math. Hermann & Son**
(b) Address **2161 East Fair Avenue**

19. (a) **MAD 9 1942** (b) **J. F. Buddeck** (Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County.....
(c) City or town **St. Louis** (If outside city or town limits, write "RURAL")
(d) Street No. **4242 College Avenue** (If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Mar.** day **7** year **1942** hour **4** minute **50 PM**

21. I hereby certify that I attended the deceased from **Nov. 14, 1940** to **Mar 7, 1942** that I last saw him alive on **Mar 6, 1942** and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis**

Due to **Myocarditis**

Due to **Senility**

Other conditions **Cerebral thrombosis left side Nov 19 40** (Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy..... **93d**

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 **J. E. Mearns** (M. D. or other) **J. E. Mearns**
Address **4005 W. F. Lawrence** Date signed **3-9-42**

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. Bushhol*
Licensed Embalmer No. *2110*
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.