

Registration District No. 018 Primary Registration District No. 1003 Registrar's No. 7663

1. PLACE OF DEATH:  
(a) County  
(b) City or town **St. Louis**  
(c) Name of hospital or institution:  
**5882 Clemens Ave.**  
(d) Length of stay: In hospital or institution  
In this community

2. USUAL RESIDENCE OF DECEASED:  
(a) State **Missouri** (b) County  
(c) City or town **St. Louis**  
(d) Street No. **5882 Clemens**  
(e) Citizen of foreign country?

3. (a) PRINT FULL NAME **Alfred Schulein**  
(b) If veteran, name war  
(c) Social Security No.

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month **Sept.** day **12**  
year **1942** hour **11:20** minute **00** M.  
21. I hereby certify that I attended the deceased from **9/11/42**  
that I last saw him alive on **9/10**  
and that death occurred on the date and hour stated above.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**  
(b) Name of husband or wife **Mattie Schulein** 6. (c) Age of husband or wife if alive **69** years  
7. Birth date of deceased **Feb. 3 1888**

Immediate cause of death  
**Acute Pulmonary Edema**  
Due to **Amya Pectoris**  
Due to **arterio sclerotized heart**  
Other conditions **Diphtheria**  
Major findings:  
Of operations  
Of autopsy

8. AGE: Years **74** Months **7** Days **9** If less than one day hr. min.

9. Birthplace **Huntsville Ala.**

10. Usual occupation **Mfg.**

11. Industry or business **Sweeping Compound**

MOTHER FATHER  
12. Name **Salomon Schulein**  
13. Birthplace **Germany**  
14. Maiden name **Lina Franzdorf**  
15. Birthplace **Germany**

16. (a) Informant **Victor Schulein**  
(b) Address **7733 Biltmore Dr.**

17. (a) **Burial** (b) Date thereof **9-15-1942**  
(c) Place: burial or cremation **Mt. Sinai Cem.**

18. (a) Signature of funeral director **H. Rindskopf**  
(b) Address **5216 Delmar Blvd.**  
19. (a) **9-15-1942** (b) **J. J. Brodeur**  
(Date received local registrar) (Registrar's signature)

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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? (Specify type of place) (c) Means of injury  
23. Signature **Arthur E. Stead** (M. D. or other)  
Address **539 N. Grand** Date signed **9/14/42**

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Duration

**3 wks**  
**3 wks**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

SEP 14 1942

**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

*Chas. W. Cooper*

Licensed Embalmer No. ....

*3930*

P. O. Address. ....

*5216 Delmar*

**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.**