

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. _____

FILED MAR 30 1943
Registration District No. _____

Primary Registration District No. _____

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

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:
4319 California
(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

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County _____

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

(d) Street No. 4319 California
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Carroll J. Schach

3. (b) If veteran, name war No

3. (c) Social Security No. 7

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21
year 1943 hour 2 minute 45 A. M.

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Hazel

6. (c) Age of husband or wife if alive 32 years

7. Birth date of deceased July 30 1909
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Jan 19 1943 to March 21 1943
that I last saw him alive on March 20 1943
and that death occurred on the date and hour stated above.

8. AGE: Years 33 Months 7 Days 21
If less than one day _____ hr. _____ min.

Immediate cause of death
Paradoxical tubercle
John T. O. 18 mo

Due to _____

Due to _____

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

Other conditions Chronic tubercle
(Include pregnancy within 3 months of death)

10. Usual occupation Salesman

Major findings:
Of operations _____

11. Industry or business Lumber

Of autopsy _____

12. Name Joseph Schach

13. Birthplace Iron Co. Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Gertrude Mangold

15. Birthplace Butler Co. Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Hazel Schach

(b) Address 4319 California Ave.

17. (a) Burial (b) Date thereof 3-24-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director W. J. ...

(b) Address 3013 Meramec St.

19. (a) MAR 22 1943 (b) J. F. ...
(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? _____ (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. F. ... (M. D. or other) _____
Address 612 ... Date signed March 27 1943

PHYSICIAN

Underline the cause to which death should be charged statistically.

844

(Licensed Embalmer's Statement on Reverse Side)

12-12-1946
UNIV. CLERK TR. BLDG
RES. PA 5318
SPECTOR
NE 5946

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.....

George J. Grahm
....., Registered Apprentice No. *X*
working under my personal supervision.

Signed.....

George J. Grahm
.....
Licensed Embalmer No. *2906*

P. O. Address *3013 Myrtle*

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.