

FILED APR 3 1943
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2911

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:
De Paul Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 35 Minutes
(Specify whether
In this community Life
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL") 9.20
(d) Street No. 2251a Warren St.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Henry E. Schlomann

3. (b) If veteran, name war No (c) Social Security No. 491-16-8452

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Single

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

7. Birth date of deceased Sept. 4, 1869
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 6 21 hr. min.

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

10. Usual occupation Furniture Finisher

11. Industry or business St. Louis Furniture Workers Assn

MOTHER FATHER

12. Name Ernst Schlomann
13. Birthplace Germany
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Schroeder
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Louis Schlomann

(b) Address 2251a Warren St.

17. (a) Burial (b) Date thereof March 29, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Zion Cemetery

18. (a) Signature of funeral director Calvin F. Feutz, Fun. Home

(b) Address 4828 Natural Bridge

19. (a) MAR 27 1943 J. J. Bralock
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 25,
year 1943 hour 3:55 minute P. M.

21. I hereby certify that I attended the deceased from March 24
1943 to March 25, 1943
that I last saw him alive on March 25, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis Duration 24 hrs.

Due to Chronic Myocarditis + ?
cardio renal disease ?

Due to

Other conditions (Include pregnancy within 3 months of death) 12/10

Major findings: Of operations
Of autopsy

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?

While at work? (Specify type of place) (e) Means of injury 0

23. Signature Arthur Savelber (M. D. or other) MD
Address 2202 University St. Date signed 3/26/43

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

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.....

Calvin J. Yeub
.....
Licensed Embalmer No. *2927*

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.