

19109

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

FILED MAY 29 1943

Registration District No. 377

Primary Registration District No. 6076

Registrar's No. 1227

1. PLACE OF DEATH:

(a) County St. Louis County
(b) City or town Jefferson Barracks
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Veterans Administration Facility
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 44 DAYS.
(Specify whether
In this community Yes.
years, months or days)

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. 3309 INDIANA AVE.
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME August W. Schorege

3. (b) If veteran, name war World War #1 3. (c) Social Security No. 489-01-5580

4. Sex MALE 5. Color or race White 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife FRANCES Schorege 6. (c) Age of husband or wife if alive 52 years
7. Birth date of deceased July 20 1886
(Month) (Day) (Year)

8. AGE: Years 56 Months 10 Days 3 If less than one day hr. _____ min. _____

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

10. Usual occupation Moulder Tile

11. Industry or business FIRE CLAY

MOTHER FATHER { 12. Name Unknown Henry Schorege
13. Birthplace Germany
14. Maiden name Unknown (Prague)
15. Birthplace Germany
(City, town, or county) (State or foreign country)

16. (a) Informant Government Records,

(b) Address Vet. Adm. Fac., Jeff. Bks., Mo.

17. (a) Burial (b) Date thereof 5-26-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation National Cemetery

18. (a) Signature of funeral director Miss B. de No

(b) Address 2929 S. Jefferson Av.

19. (a) Date of death MAY 23 1943 (b) City of the Registrar (Registrar's signature) AS

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 23
year 1943 hour 4:05 minute _____ P M.

21. I hereby certify that I attended the deceased from April 9
1943, to MAY 23, 1943
that I last saw him alive on MAY 23, 1943
and that death occurred on the date and hour stated above,

Immediate cause of death TUBERCULOSIS
PULMONARY CHRONIC ACTIVE
FAR ADVANCED.

Due to _____
Due to _____

Other conditions PLEURISY FIBRINOUS CHRONIC
(Include pregnancy within 3 months of death) BASES, BLATE

Major findings: PNEUMONIOSIS.

Of operations — No operation

Of autopsy — No Autopsy 13H

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? _____

Signature at work _____ (Specify type of place)
Signature L. M. COCHRAN, M.D. (M-D. or other)
Chief Medical Officer

Address _____ Date signed 5/23/43

Vet. Adm. Fac., Jeff. Bks., Mo.

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

9600

1009
17
9

Duration
Unknown

Unknown

PHYSICIAN
Underline the cause to which death should be charged statistically.

SEP 8 1943.

STATE OF MISSISSIPPI
DEPARTMENT OF HEALTH

MISSISSIPPI DEPARTMENT OF HEALTH

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 Edgar F. With
Licensed Embalmer No. 2117
P. O. Address 2929 S. Jefferson

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.