

FILED DEC 3 1943 818
Registration District No. _____

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
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4922 Quincy Street
(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 Missouri (b) County 000
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 4922 Quincy Street
(If rural, give location) 17 92
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Charles E. Schaan

3. (b) If veteran, name war X 3. (c) Social Security No. X

4. Sex male 5. Color or race white 6. (a) Single, widowed, married, divorced married
6. (b) Name of husband or wife Ellen Schaan 6. (c) Age of husband or wife if alive 40 years
7. Birth date of deceased August 27, 1901
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
42 2 23 _____ hr. _____ min.

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

10. Usual occupation Cabinet Maker retired

11. Industry or business _____

12. Name Charles Schaan
13. Birthplace Not known Germany
(City, town, or county) (State or foreign country)
14. Maiden name Joerns
15. Birthplace Not known
(City, town, or county) (State or foreign country)

16. (a) Informant Ellen Schaan
(b) Address 4922 Quincy Street

17. (a) burial (b) Date thereof 11/23/43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Paul Churchyard

18. (a) Signature of funeral director L. Ziegenhein & Sons

(b) Address 7027 Gray

19. (a) NOV 23 1943 (b) J. F. Brudick
(Date received at registry) (Registrar's signature)

20. DATE OF DEATH: Month Nov. day 21
year 1943 hour 5 minute A M.

21. I hereby certify that I attended the deceased from Feb 28, 1943, to Nov 21, 1943
that I last saw him alive on Nov 27, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis Duration 2 yrs

Due to acute Cardiac dilatation 12 hrs

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

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? _____

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

23. Signature William G. Forceman (M. D. or other) MD
Address 5439 Grand Date signed 11/23/43

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address.....

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.