

S. No. 2
M-2-43
5-17-39
I X35697

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH
1003

36902
State File No. 9457 ✓
Registrar's No.

Registration District No. 18 3rd 8

Primary Registration District No.

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution: City Hospital # 1
(d) Length of stay: In hospital or institution
In this community years, months or days

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000 17
(c) City or town St. Louis 918
(d) Street No. 4326 Chouteau Ave.
(e) Citizen of foreign country? (Yes or No) 0
If yes, name country

3. (a) PRINT FULL NAME Michael G. Schlereth
3. (b) If veteran, name war No
3. (c) Social Security No

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month Oct. day 26th
year 1943 hour 8:40 minute A.M. M.

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. 22nd 1891
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from
that I last saw him alive on
and that death occurred on the date and hour stated above.
Immediate cause of death

8. AGE: Years Months Days If less than one day
52 1 4 hr. min.

Pulmonary Tuberculosis;

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

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

10. Usual occupation Laborer
11. Industry or business City of St. Louis

Major findings: Of operations
Of autopsy

MOTHER FATHER { 12. Name Michael Schlereth
13. Birthplace New Orleans Louisiana
(City, town, or county) (State or foreign country)

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

14. Maiden name Frances Christman
15. Birthplace Manchester Mo.
(City, town, or county) (State or foreign country)

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?

16. (a) Informant Henry Schlereth
(b) Address 4326 Chouteau Ave.

While at work? Means of injury

17. (a) Burial (b) Date thereof 10-30-43
(c) Place: burial or cremation Park Lawn Cemetery
18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

23. Signature (M. D. or other) 3
Address Date signed

19. (a) OCT 27 1943 (Date received local registration)
(b) J. F. Bredeck (Registrar's signature)

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 *Richard W. Stevenson*
 Licensed Embalmer No. *4007*
 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.