V. S. No. 2
100M—5-43
Rev. 5-17-39
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

32787
State File No.

FILED OCT 23 1944

Registration District No. 318 Primary Registration District No. 1002 Registrar's No. 8736

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: 3966 Greer Ave.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution / (Specify whether years, months or days)
In this community

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. 3966 Greer Ave.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country n

3. (a) PRINT FULL NAME Charles Schlichting

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male D

5. Color or race White

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

6. (b) Name of husband or wife Caroline Schlichting

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

7. Birth date of deceased June 24, 1852 (Month) (Day) (Year)

8. AGE: Years 92 Months 3 Days 19 If less than one day hr. min.

9. Birthplace (City, town, or county) Germany 4 (State or foreign country)

10. Usual occupation Retired Baker

11. Industry or business

MOTHER FATHER

12. Name Unknown

13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

14. Maiden name Unknown

15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant Mrs. Henrietta Brueckner
(b) Address 3966 Greer Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Oct. 16, 1944 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director Paschedag-Henke Fun. Home
(b) Address 2825 N. Grand Blvd.

19. (a) OCT 14 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 13th year 1944 hour 6 minute A. M.

21. I hereby certify that I attended the deceased from May 3rd 1944 to Oct 13 1944 that I last saw him alive on Oct 12 1944 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Carcinoma of Prostate	6 mo
Due to: Old Prostatitis	?
Due to:	
Other conditions: Arteriosclerosis (Include pregnancy within 3 months of death)	5

Major findings:
Of operations
Of autopsy

51

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 Robt C. N. Elvain (M. D. or other) MD
Address 4356 Maryland Date signed 10/13/44

(Licensed Embalmer's Statement on Reverse Side)

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.....

Licensed Embalmer No.....

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.