V. S. No. 2
00M—2-43
ev. 5-17-39
I X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAY 3 1945

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 11751

Registration District No. 318 Primary Registration District No. 1006 Registrar's No. 3682

1. PLACE OF DEATH:

(a) County St Louis
(b) City or town (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Mo Baptist Hosp
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community 12 weeks
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 447

(a) State Ill. (b) County Madison
(c) City or town Pleasant Ridge
(If outside city or town limits, write "RURAL")
(d) Street No. None (If rural, give location) NR
(e) Citizen of foreign country? Yes (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME CHRISTIAN F. SCHOETTLE

3. (b) If veteran, name war No
3. (c) Social Security No. None

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 July (Month) 12 (Day) 1861 (Year)

8. AGE: Years 83 Months 9 Days 12 If less than one day hr. min.

9. Birthplace Collinsville (City, town, or county) Ill (State or foreign country)
10. Usual occupation Blacksmith
11. Industry or business Coal Mine

FATHER
12. Name Chris. Schoettle
13. Birthplace Not Kn (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Kachin Dyer
15. Birthplace Not Kn (City, town, or county) Germany (State or foreign country)

16. (a) Informant Anna Schoettle
(b) Address Collinsville Ill
17. (a) Removal (Burial, cremation, or removal) (b) Date thereof 4/25/45 (Month) (Day) (Year)
(c) Place: burial or cremation Collinsville Ill
18. (a) Signature of funeral director Leo M. Schoeppel
(b) Address Collinsville Ill
19. (a) APR 25 1945 (Date received local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 25th year 1945 hour 12 minute 55 P.M.

21. I hereby certify that I attended the deceased from Nov 10, 1944, to Apr 25, 1945; that I last saw him alive on Apr 25, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Carcinoma of Prostate	Several years
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	

51

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 C. C. Bradford (M. D. or other)
Address 958 Arcade Bldg St Louis Date signed 4/25/45

(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 Geo M. Schnoeppel

Licensed Embalmer No. 1598

P. O. Address Collinsville Ill

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.