U. S. No. 2
OM—8-43
v. 5-17-39
I X37823

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 30 1945

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 19174

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 5345

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Missouri Pacific Hospital (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 10 days (Specify whether years, months or days)

In this community Frederick Walter Schierstein

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis Mo. (If outside city or town limits, write "RURAL")
(d) Street No. 228 North Taylor (If rural, give location)
(e) Citizen of foreign country? O (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Frederick Walter Schierstein
3. (b) If veteran, name war
3. (c) Social Security No.
4. Sex M
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 DECEMBER (Month) 6 (Day) 1870 (Year)

8. AGE: Years 74 Months 6 Days 11 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. (State or foreign country)
10. Usual occupation Clerk
11. Industry or business MO. PACIFIC R.R.

FATHER
12. Name JACOB SCHIERSTEIN
13. Birthplace GERMANY (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name ROSA RENNER
15. Birthplace GERMANY (City, town, or county) (State or foreign country)

16. (a) Informant Mr. LeRoy Hartt
(b) Address 4255 Cardwell DR.
17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof JUNE 20-45 (Month) (Day) (Year)
(c) Place: burial or cremation BELLEFONTAINE CEM.
18. (a) Signature of funeral director E. F. Schmurr
(b) Address 3125 Lafayette Av.
19. (a) JUN 18 1945 (Date received by local registrar) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 17 year 1945 hour 6 minute 25 P.M.
21. I hereby certify that I attended the deceased from June 7, 1945, to June 17, 1945; that I last saw him alive on June 16, 1945; and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Thrombosis
Due to Generalized Arteriosclerosis
Due to —
Other conditions — (Include pregnancy within 3 months of death)
Major findings:
Of operations —
Of autopsy —

Duration

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) NONE
(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 S. P. Scott (M. D. or other) MD
Address 1755 S. Grand St. Louis Mo. Date signed 6-17-45

(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 Jos. B. Vollmer

Licensed Embalmer No. 4014

P. O. Address St. Louis M

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.