No. 2
M—2-43
5-17-39
X35697

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

29367

State File No.

FILED OCT 6 1945

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 8442

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: 1434 Hamilton Avenue.
(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 Missouri (b) County

(c) City or town St. Louis
(If outside city or town limits, write "RURAL")

(d) Street No. 1434 Hamilton Avenue.
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Bernhard Schieble.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Male

5. Color or race White

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

6. (b) Name of husband or wife Elizabeth Schieble.

6. (c) Age of husband or wife if alive 80 years

7. Birth date of deceased January (Month) 9 (Day) 1863. (Year)

8. AGE: Years 82 Months 8 Days 19 If less than one day hr. min.

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

10. Usual occupation Glass worker (retired)

11. Industry or business

FATHER
12. Name Casper Schieble.
13. Birthplace (City, town, or county) Germany. (State or foreign country)

MOTHER
14. Maiden name Mary Leonhard.
15. Birthplace (City, town, or county) Germany. (State or foreign country)

16. (a) Informant Mrs. Elizabeth Schieble.
(b) Address 1434 Hamilton Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-1-1945. (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) SEP 29 1945 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 28th. year 1945 hour 8 minute 30 A. M.

21. I hereby certify that I attended the deceased from March-15th 1943, 19 3, to September-28th; that I last saw him alive on Sept-28th-1945, 19; and that death occurred on the date and hour stated above.

Immediate cause of death — Occlusion of duodenum complete — Duration 1 mo

Due to — Gastric Carcinoma & Adnexia — 2 yr

Gastro-Intestinal Tract

Due to — Inanition-G.I. tract occluded — 6 Mo

Other conditions Extreme senility
(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 Tuke B. Tinnon M.D. (M. D. or other)
Address 3718 Jennings Rd., St. Louis (20) Mo Date signed 9-28-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Luke B. Tiernon.
3718 Jennings Road.
Evergreen 1968

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 Clement McGeary

Licensed Embalmer No. 3732

P. O. Address St. Louis

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.