S. No. 2
M—5-43
. 5-17-39
I X36671

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

FILED JUL 16 1946

State File No. 25688 5839

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

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: 2829 McNair Av. 1
(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. 2829 McNair Av.
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME John Schachner
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 married 1
6. (b) Name of husband or wife Josephine Schachner
6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased Dec. 21 1872 (Month) (Day) (Year)

8. AGE: Years 73 Months 6 Days 10 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
10. Usual occupation Retired Huckster
11. Industry or business
FATHER 12. Name George Schachner
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)
MOTHER 14. Maiden name Mathilda Mueller
15. Birthplace Germany (City, town, or county) (State or foreign country)
16. (a) Informant Josephine Schachner
(b) Address 2829 McNair Av.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof (Month) (Day) (Year)
(c) Place: burial or cremation Sunset Burial Pk.
18. (a) Signature of funeral director Witt Bros. & Co.
(b) Address 2929 S. Jefferson Av.
19. (a) JUL 2 1946 (Date received local registrar) (b) J. T. Bredack (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 1 year 1946 hour 9 minute 15 A. M.
21. I hereby certify that I attended the deceased from May 1944 to July 1 1946 that I last saw him alive on June 29 1946 and that death occurred on the date and hour stated above.

Immediate cause of death	Duration
Chronic Myocarditis	1 yr
Due to Chronic Hypertension	OK
Due to	
Other conditions (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 Roland A. Koch (M.D.)
Address 3930 California Ave Date signed 7-1-46

(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 D. M. Davis

Licensed Embalmer No. 324

P. O. Address 2929 So Jefferson av

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.