

FILED DEC 23 1946
318

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 10576

1. PLACE OF DEATH:

(a) County.....
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital-Max C. Starkloff
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 16 days
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis 2017
(If outside city or town limits, write "RURAL")
(d) Street No. 2717 Elliot Ave. 9
Memorial (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME FRANK SCHELL

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Fannie 6. (c) Age of husband or wife if alive 82 years

7. Birth date of deceased Nov. 23 1861
(Month) (Day) (Year)

8. AGE: Years 85 Months 0 Days 16 If less than one day hr. _____ min. _____

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

10. Usual occupation Baker

11. Industry or business _____

12. Name Unknown 9

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

14. Maiden name Unknown

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

16. (c) Informant Mrs A. Schroeder

(b) Address 3931a Canterbury Drive

17. (a) Burial (b) Date thereof 12-22-46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Peters Cemetery

18. (a) Signature of funeral director A. Kron L. & U. Co.

(b) Address 2707 N. Grand

19. (a) DEC 10 1946 J. F. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 9th
year 1946 hour 1:40 minute _____ P _____ M.

21. I hereby certify that I attended the deceased from 11/23/46
12/9/46 19____ to 12/9/46 19____
that I last saw him alive on 12/9/46
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial Infarction
Due to Arteriosclerotic heart disease

Due to _____
Other conditions _____
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

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?

While at work? _____ (Specify type of place)
(e) Means of injury _____

23. Signature James H. Womack (M. P. 10/19/46)
1515 Lafayette Date signed 12/10/46
Address _____

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

Emb separate cert filed DEC 10 1948

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.