

No. 2
1/47
7-39

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2222

FILED FEB 9 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 910

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 Memorial
(If not in hospital or institution, write street address and location)
(d) Length of stay: In hospital or institution 4 1/2 months
LIFE (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County oao
(c) City or town SAINT LOUIS (If outside city or town limits, write "RURAL") 17
(d) Street No. 4449 FLORISS PLACE 19
Memorial (If rural, give location) 0
(e) Citizen of foreign country? NO (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME FRANK CHARLES SCHEMEYER

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 LAURA E. SCHEMEYER 6. (c) Age of husband or wife if alive 70 years
7. Birth date of deceased OCTOBER 11th, 1878
(Month) (Day) (Year)

8. AGE: Years 75 Months 3 Days 18 If less than one day
hr. min.

9. Birthplace SAINT LOUIS, MISSOURI
(City, town, or county) (State or foreign country)

10. Usual occupation HYDRAULIC PRESS BRICK CO.

11. Industry or business GENERAL SALES MANAGER

12. Name HENRY SCHEMEYER

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

14. Maiden name FREDERICKA

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

16. (a) Informant MRS. LAURA E. SCHEMEYER

(b) Address 4449 FLORISS PLACE

17. (a) BURIAL (b) Date thereof 1/29/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Eion cemetery

18. (a) Signature of funeral director CALVIN F. FEUTZ

(b) Address 4828 NATURAL BRIDGE BOULEVARD

19. (a) Jan 29 1948 (b) J. F. Brudrick
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 29th
year 1948 hour 4 minute 26 A. M.

21. I hereby certify that I attended the deceased from 9/27/47
..... 19..... to Jan 29th 19 48
that I last saw h. in alive on Jan 29th 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Broncho pneumonia
Due to.....
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?.....
(Specify type of place)

While at work?..... Means of injury.....

23. Signature J. Lowry Brown M.D. (M.D. or other).....

Address 1515 Lafayette Date signed 1/29/48

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

MOTHER FATHER

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

John A. Mlenar

Licensed Embalmer No.

4186

P. O. Address

St. Louis Mo

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.

Registration District No. 318 Primary Registration District No. 1003

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:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State _____ (b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Frank C. Aschemeyer
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month _____
year 1948 hour _____ minute _____ M.
21. I hereby certify that I attended the deceased from _____ to _____, 19____;
that I last saw him _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.
Immediate cause of death _____
Duration _____

4. Sex m 5. Color or race w
6. (a) Single, widowed, married, divorced _____
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ days

7. Birth date of deceased _____ (Month) _____ (Day) _____ (Year)
8. AGE: Years 75 Months _____ Days _____ If less than one day _____ hr. _____ min.
9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

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

10. Usual occupation _____
11. Industry or business _____
MOTHER FATHER {
12. Name _____
13. Birthplace _____ (City, town, or county) _____ (State or foreign country)
14. Maiden name _____
15. Birthplace _____ (City, town, or county) _____ (State or foreign country)
16. (a) Informant _____
(b) Address _____
17. (a) _____ (b) Date thereof _____ (Month) (Day) (Year)
(c) Place: burial or cremation _____
18. (a) Signature of funeral director _____
(b) Address _____
19. (a) Jan-29-48 (b) J. Z. Bradack
(Date received local registrar) (Registrar's signature)

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?
While at work? _____ (Specify type of place) _____ (e) Means of injury _____
23. Signature _____ (M. D. or other) _____
Address _____ Date signed _____

SUPPLEMENTARY

FEB 26 1948

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

S-2222