

National Office of Vital Statistics
FILED JAN 10 1948

Registration District No. **327**

Primary Registration District No. **6076**

1. PLACE OF DEATH:

(a) County **St. Louis**
(b) City or town **Normandy**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **O'Sullivan Nursing Home #4**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **6 months**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **4546 Alice Ave**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **William Schlieper**

3. (b) If veteran, name war **None** 3. (c) Social Security No.

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widower**
6. (b) Name of husband or wife **Louisa C. Schlieper nee Wildeisen** (c) Age of husband or wife if **-----** years
7. Birth date of deceased **July 12, 1871**
(Month) (Day) (Year)

8. AGE: Years **76** Months **5** Days **12** If less than one day **4** hr. min.

9. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **Retired**

11. Industry or business
12. Name **Henry Schlieper**
13. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Dora Sonrye**
15. Birthplace **Unknown Germany**
(City, town, or county) (State or foreign country)

16. (a) Informant **Mrs Mildred Heskler**
(b) Address **4546 Alice Ave**

17. (a) **Burial** (b) Date thereof **1/6/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Friedens Cemetery**

18. (a) Signature of funeral director **Math Hermann & Son, Inc.**
(b) Address **2161 East Fair Ave**

19. (a) **1-3-48** (b) **Beul G. Schupp MD**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Jan.** day **3,** year **1948** hour **2:15 AM** minute **-----** M.

21. I hereby certify that I attended the deceased from **June 1947**, 19____, to **Dec 12/47**, 19____, that I last saw him alive on **12/27**, 19____, and that death occurred on the date and hour stated above.

Immediate cause of death **Arteriosclerotic Heart Disease.** Duration **10 yrs**
Due to **arteriosclerosis 93 d** **15 yrs.**
Due to **sepsis** **2 yrs**
Other conditions **Branchial cyst** **15 yrs.**
(include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations **-----**
Of autopsy **-----**
Underline the cause of 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? **0**
While at work? **-----** (Specify type of place)
(e) Means of injury **-----**

23. Signature **Robert M. Gossum** (M. D. or other) **MD**
Address **6074 Franklin Ave** Date signed **1/3/48**

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

MOTHER, FATHER

JAN 16 1948
JAN 21 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.....

Harold W. Burnley

Licensed Embalmer No. *4202*

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.