

S. No. 2  
M-1/47  
5-17-39

FILED APR 3 1948

Registration District No. **310** Primary Registration District No. **1003**

100  
17  
9

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

1. PLACE OF DEATH:

(a) County **St. Louis**

(b) City or town **St. Louis**  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution **St. Anthony Hospital**  
(If not in hospital or institution, give street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME **Goise Schlesing**

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex **female** 5. Color or race **white** 6. (a) Single, widowed, married, divorced **married**

6. (b) Name of husband or wife **George Schlesing** 6. (c) Age of husband or wife if alive **47** years

7. Birth date of deceased **June 27, 1900**  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<b>47</b>	<b>8</b>	<b>24</b>	hr. _____ min. _____

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

10. Usual occupation **house wife**

11. Industry or business **at home**

12. Name **Oscar Bilzing**

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

14. Maiden name **unknown**

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

16. (a) Informant **George Schlesing**

(b) Address **Lemay 23 Mo.**

17. (a) **burial** (b) Date thereof **3-25-48**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **NEW ST. MARCUS**

18. (a) Signature of funeral director **Fendler Und Co.**

(b) Address **7420 MICHIGAN**

19. (a) **MAR 22 1948** (b) **J. F. Pudelek**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Louis** **96**

(c) City or town **Lemay 23**  
(If outside city or town limits, write "RURAL") **0**

(d) Street No. **NR** (If rural, give location) **9**

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

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **March** day **21**  
year **1948** hour **3** minute **20 A.**

21. I hereby certify that I attended the deceased from **March 20**  
\_\_\_\_\_, 19**48** to **March 21**, 19**48**  
that I last saw **her** alive on **March 21**, 19**48**  
and that death occurred on the date and hour stated above.

Immediate cause of death **ac. Hemorrhagic pancreatitis** **1da**  
**ruptured pancreas from hemorrhage**

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions **infected gall bladder with stones**  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: **yes**

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? \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (Specify means of injury)

23. Signature **W. J. Pfeiffer M.D.** (M. D. or other) **0**

Address **3608 S. 93rd** Date signed **3/21/48**

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.....

*V. C. Morris*

Licensed Embalmer No. 3360

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.