. No. 2
—1/47
5-17-39

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

FILED MAY 20 1948

Registration District No. 318

MISSOURI DIVISION OF HEALTH
# STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 17990

Registrar's No. 4414

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: Alexian Brothers' Hospital
(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 Missouri (b) County St. Louis
(c) City or town Lemay
(If outside city or town limits, write "RURAL")
(d) Street No. 9535 Clyde ave. (If rural, give location)
N.R.
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joseph Schalk
3. (b) If veteran, name war no
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 Elizabeth Schalk
6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased February (Month) 20 (Day) 1901 (Year)

8. AGE: Years 47 Months 2 Days 19 If less than one day hr. min.

9. Birthplace AMAKIFA (City, town, or county) Austria (State or foreign country) 4
10. Usual occupation Baker
11. Industry or business
FATHER
12. Name Simon Schalk
13. Birthplace Austria (City, town, or county) (State or foreign country) 4
MOTHER
14. Maiden name Margaret Bomber
15. Birthplace Austria (City, town, or county) (State or foreign country) 4
16. (a) Informant Mrs. Elizabeth Schalk
(b) Address 9535 Clyde ave. Lemay 23, Missouri
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 12-48 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cemetery
18. (a) Signature of funeral director C. Hoffmeister U.&L. Co.
(b) Address 7814 S. Broadway
19. (a) MAY 11 1948 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 9 year 1948 hour 6 minute 30 A.M.
21. I hereby certify that I attended the deceased from 5-7-48, 19..., to 5-9-48, 19...; that I last saw him alive on 5-9-48, 19...; and that death occurred on the date and hour stated above.

Immediate cause of death: Gen. peritonitis — 2 day
Due to: Ruptured appendix
Due to:
Other conditions (Include pregnancy within 3 months of death):
Major findings: Of operations:
Of autopsy:

Duration

PHYSICIAN
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)
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 Erwin A. Gruber (M. D. or other)
Address 7 S. Lemay Ferry Rd. Date signed 5/10/48

Jefferson City Printing Co.
(Licensed Embalmer's Statement on Reverse Side)

Dr. Greeling

## 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 Harry J. Schumacher

Licensed Embalmer No. 2679

P. O. Address 7514 S. Broadway

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.