

Registration District No. **318**

Primary Registration District No. **1003**

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:
1218a Lami Street
(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)

3. (a) PRINT FULL NAME Stanley Schober

3. (b) If veteran, name war..... 3. (c) Social Security No. 492-05-9669

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

6. (b) Name of husband or wife Mary 6. (c) Age of husband or wife if alive 63 years

7. Birth date of deceased April 21 1885
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	63	2	15	hr. min.

9. Birthplace Austria 4
(City, town, or county) (State or foreign country)

10. Usual occupation Watchman

11. Industry or business.....

MOYER FATHER { 12. Name John Schober 4

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

14. Maiden name Francis Ludwig

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

16. (a) Informant Mary Schober

(b) Address 1218a Lami Street

17. (a) Cremation (b) Date thereof 7/8/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Missouri Crematory

18. (a) Signature of funeral director Wm. E. Boydell

(b) Address 1926 Allen

19. (a) Date received Jul 7 1948 (Registrar's signature) J. F. Bradeck

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 1218a Lami Street
(If rural, give location)
23
(e) Citizen of foreign country? No (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 6
year 1948 hour 4.45 minute A M.

21. I hereby certify that I attended the deceased from 7/28 1948 to 7/6 1948
that I last saw him alive on 7/5/48 and that death occurred on the date and hour stated above.

Immediate cause of death.....
Cause of stroke

Due to.....
Due to.....

Other conditions Proximal Arteriosclerosis
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

Duration

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 Otto Rausser M.D. (M. D. or other)
Address 3012 Lafayette Date signed 7/7/48

8

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Benny Q. Thurman
Licensed Embalmer No. 2272

P. O. Address 1926 Allen

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.