

FILED JUN 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21646

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5031

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY <i>add</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis <i>17</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1712 Menard		d. STREET ADDRESS (If rural, give location) 23 - 1712 Menard <i>8</i>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) Albert		b. (Middle) D.	
c. (Last) Schorle		6-7-49	
5. SEX Male <i>0</i>	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 7 1870
9. AGE (In years for birthday)		IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Days Hours Min.
78			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker		10b. KIND OF BUSINESS OR INDUSTRY Bakery	
11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Unk.		13b. MOTHER'S MAIDEN NAME Unk.	
14. NAME OF HUSBAND OR WIFE Agnes Schorle			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. *****	
17. INFORMANT'S SIGNATURE OR NAME Agnes Schorle		ADDRESS 1712 Menard	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 DAYS	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Arterio-sclerosis.	
		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		Chronic Nephritis	
Conditions contributing to the death but not related to the disease or condition causing death.		MOR 1949	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 97			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? 4370			
22. I hereby certify that I attended the deceased from 26 Feb, 1948, to 7 June, 1949, that I last saw the deceased alive on June, 1949, and that death occurred at 3:00 p. m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) George A. Youngman		23b. ADDRESS 5439 Gravois Ave	
23c. DATE SIGNED 9 June 49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 10, '49	
24c. NAME OF CEMETERY OR CREMATORY St. Peter-Paul Cem.		24d. LOCATION (City, town, or county) (State) St. Louis Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE JUN 9 1949 J. B. Lasater		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. H. Hoppe 4700 Washington Blvd.	

(Licensed Embalmer's Statement on Reverse Side)

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

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

working under my personal supervision.

Student Embalmer No.....

Signed Economist Rembaris

Signed.....  
Student Embalmer

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.