

FILED FEB 16 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7414

BIRTH NO.		REG. DIST. NO. 217		PRIMARY REG. DIST. NO. 6076		Registrar's No. 309			
1. PLACE OF DEATH a. COUNTY St. Louis b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Des Peres c. LENGTH OF STAY (In this place) 3 Weeks d. FULL NAME OF HOSPITAL OR INSTITUTION 1064 Twin Pine				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY St. Louis c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Des Peres d. STREET ADDRESS (If rural, give location) 12210 Manchester Rd.					
3. NAME OF DECEASED a. (First) Otto (Type or Print) b. (Middle) Ernest c. (Last) Schlegel			4. DATE OF DEATH (Month) (Day) (Year) Feb. 2, 1951						
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Sept. 10, 1885		9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months 4 Days 22 IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Florist			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Germany		12. CITIZEN OF WHAT COUNTRY? U.S.		
13a. FATHER'S NAME Ernest Schlegel			13b. MOTHER'S MAIDEN NAME Emalie Kutschner		14. NAME OF HUSBAND OR WIFE Amelia Schlegel				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Ernest Schlegel Des Peres ADDRESS					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocardial Failure ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Bronchitis DUE TO (c) Malnutrition II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Secondary Anemia						INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 52.6X				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)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR					
22. I hereby certify that I attended the deceased from Jan 24, 1951 , to Feb 2, 1951 , that I last saw the deceased alive on Jan 24, 1951 , and that death occurred at 2:30 P.M. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Henry F. Scott M.D.			23b. ADDRESS Ballwin Mo		23c. DATE SIGNED Feb 3-1951				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 2-5-51	24c. NAME OF CEMETERY OR CREMATORY St. Pauls Cemetery		24d. LOCATION (City, town, or county) (State) Des Peres Mo.				
DATE REC'D BY LOCAL REG. 2/4/51		REGISTRAR'S SIGNATURE Herbert R. Lomke M.D.		25. FUNERAL DIRECTOR'S SIGNATURE Meyer-Pfitzinger ADDRESS Kirkwood 22, Mo					

(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 _____

working under my personal supervision.

Student Embalmer No.

Signed

William H. Pitzinger

.....

Student Embalmer

Licensed Embalmer No. *4313*

P. O. Address *Wentwood, 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.