

**R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

FILED VS DEC 12 1960

-60-044762

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3441 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Saint Louis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lemay (25)</b>	Length of stay in 1b <b>11 Years</b>	c. CITY OR TOWN <b>Lemay (25)</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT In hospital, give location) HOSPITAL OR INSTITUTION <b>3216 Berview Lane</b>		d. STREET ADDRESS (If outside, give location) <b>3216 Berview Lane</b>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>MAX</b> Middle <b>JOHN</b> Last <b>SCHLEGEL</b>			4. DATE OF DEATH Month <b>Nov.</b> Day <b>26</b> Year <b>1960</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>3/21/01</b>	9. AGE (last birthday) <b>59</b>	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Iron Worker</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Chester Iron Wks.</b>		11. BIRTHPLACE (City and state or country) <b>Hof Bavaria, Germany</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>Andrew Schlegel</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>		17. NAME OF HUSBAND OR WIFE <b>Margaret Schlegel</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT <b>Margaret Schlegel</b>	Address <b>3216 Berview Lane (25)</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b>
IMMEDIATE CAUSE (a)	<b>Generalized Carcinomatosis</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <b>Carcinoma of Pancreas</b>	
DUE TO (c)		<b>1 year</b>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION	COUNTY STATE

21. I attended the deceased from 12-1-59 to 11-26-60 and last saw <sup>her</sup> ~~him~~ alive on 11-20-60  
Death occurred at 8:00 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Albert J. Gravis</b> (Degree or title) <b>MD</b>	22b. ADDRESS <b>3606 Gravis</b>	22c. DATE SIGNED <b>11-28-60</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Cremation</b>	23b. DATE <b>Nov. 29, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Missouri Crematory</b>	23d. LOCATION (City, town, or county) (State) <b>Saint Louis (39) Mo.</b>
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24. FUNERAL DIRECTOR <b>Fendler Und. Co.</b>	ADDRESS <b>7420 Michigan Ave.</b>	(11)	25. DATE RECD. BY LOCAL REG. <b>11-28-60</b>	26. REGISTRAR'S SIGNATURE <b>John C. Murphy M.D.</b>
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Dr. Albert G. Snada  
3606 Illinois Ave 1-4  
P.O. 7380  
4544 N. Lincoln Road  
Via Bell

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed W. G. Peterso

Licensed Embalmer No. 3767

P. O. Address 7420 Mi

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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