

WHITE PLAINLY, WITH UNFADING INK. THIS IS A PERMANENT RECORD
N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

OCT 14 1937

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

32290

Do not use this space.

1. PLACE OF DEATH

(a) County Registration District No. 791
(b) Township Primary Registration District No. 1003
(c) City St. Louis, Mo. (d) Street No. 1819 Schild Ave. Registered No. 8344
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Marie Scheidler

(a) Residence, No. 1819 Schild Ave. St. 23
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 24, 1879
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
57 8 19

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
9. Industry or business in which work was done, as saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Czecho-Slovakia
(STATE OR COUNTRY)

13. NAME Joseph Polak
14. BIRTHPLACE (CITY OR TOWN) Czecho-Slovakia
(STATE OR COUNTRY)

15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

17. INFORMANT Steve Scheidler
(ADDRESS) 1819 Schild Ave.

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Picker Cem. DATE Sept. 6 1937

19. FUNERAL DIRECTOR Wm E Magill
(ADDRESS) 1926 Allen Ave.

20. FILED SEP 4 1937 J. Bredeck Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 3 1937

22. I HEREBY CERTIFY, That I attended deceased from
I last saw her alive on Sept. 3, 1937. Death is said to have occurred on the date stated above, at 11:45a.
The principal cause of death and related causes of importance were as follows:

Chronic myocarditis

Other contributory causes of importance:-

Chronic atrophic arthritis

Name of operation None Date of
What test confirmed diagnosis? P.E. Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur?
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Wm J. Hays M. D.
(Address) 1040 Emmet

STATEMENT BY LICENSED EMBALMER

I, Wm B Maydell, Licensed Embalmer No. 1467

hereby certify that the body recorded on the reverse side of this certificate was embalmed by me

L. E.

No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed Wm B Maydell
Licensed Embalmer No. 1467

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.)