

Office 4523rd. Hwy.
11-1

REC'D MAR 14 1938

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

4530
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,** (d) Street No. **4754 Eichelberger Ave.,** St. **1175**
(e) Length of residence in city or town where death occurred **50** yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **Frank J. Schuler, 460**

(a) Residence, No. **4754 Eichelberger** St. **2**
(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 **Male** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Married**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **Martha Schuler**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **June 27, 1866**

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
71 7 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **Bldg. Laborer**
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) **Jan. 1, 1938** 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Washington, Mo.**

FATHER 13. NAME **Jacob Schuler**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

MOTHER 15. MAIDEN NAME **Maria Ann Eisenbeis**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Germany**

17. INFORMANT (ADDRESS) **J. E. Schuler 4754 Eichelberger**

18. BURIAL, CREMATION, OR REMOVAL PLACE **Sunset Burial Pk. 1-2038**

19. FUNERAL DIRECTOR (ADDRESS) **Oscar J. Hoffmeister 4016 Chippewa Str.**

20. FILED **FEB 1 1938 J. Bredeck Local Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **1-30-38**, 19

22. I HEREBY CERTIFY, That I attended deceased from **1-30-38**, 19, to **1-30-38**, 19.

I last saw him alive on **1-30-38**, 19. Death is said to have occurred on the date stated above, at **12 noon** m.

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage with hemiplegia (left). (Date of onset) **(acute)**

Other contributory causes of importance: **None**

Name of operation **none** Date of
What test confirmed diagnosis? 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? **no**
If so, specify **O. C. Pfeiffer**, M. D.

(Signed) **O. C. Pfeiffer**, M. D. (Address) **4523rd Hwy. Big Spring**

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.

STATEMENT BY LICENSED EMBALMER

I, Edwin H. Leubinger, Licensed Embalmer No. 3888

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

Edwin H. Leubinger

Licensed Embalmer No. 3888

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.)