

REC'D MAY 7 10 1938

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

12714

Do not use this space.

3318

## 1. PLACE OF DEATH

- (a) County..... Registration District No.....  
 (b) Township..... Primary Registration District No.....  
 (c) City..... St. Louis..... (d) Street No. 710 Allen, Ave...... St.  
 (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

- Salome Schuller M. G.  
 (a) Residence, No. 710 Allen, 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Michael Schuller</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Abt. 1856</u>		
7. AGE YEARS <u>Abt. 82</u>	MONTHS <u>Unknown</u>	DAYS <u>Unknown</u>
If LESS than 1 day, ..... hrs. or ..... min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.	
	9. Industry or business in which work was done, as saw mill, bank, etc. <u>Housewife</u>	
	10. Date deceased last worked at this occupation (month and year).....	
11. Total time (years) spent in this occupation.....		
12. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)..... <u>France</u>		
FATHER	13. NAME <u>Unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)..... <u>France</u>	
MOTHER	15. MAIDEN NAME <u>Unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN)..... (STATE OR COUNTRY)..... <u>France</u>	
17. INFORMANT (ADDRESS) <u>Michael Schuller</u> <u>710 Allen, Ave.</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>S. S. Peter &amp; Paul</u> DATE <u>4/9/38</u>		
19. FUNERAL DIRECTOR <u>Wm. C. Moydell</u> (ADDRESS) <u>1926 Allen Ave.</u>		
20. FILED <u>APR 8 1938</u> <u>J. Bredeck</u> Local Registrar		

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/6/38 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1936, to 4/6, 1938

I last saw him alive on Apr 4, 1938 Death is said to have occurred on the date stated above, at 12-30m.

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

Chronic Myocarditis  
Chronic Interstitial Nephritis

Date of onset  
5 yrs  
5 yrs

Other contributory causes of importance:  
Senility

Name of operation..... 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.....  
 (Signed) R. B. Karn, M. D.  
 (Address) 2007 So. Broadway

(Licensed Embalmer's Statement on Reverse Side)

WRITE 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.

STATEMENT BY LICENSED EMBALMER

I, W. C. Moydell, 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 W. C. Moydell

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.)**