

REC'D MAY 10 1938

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

13052
Do not use this space.

1. PLACE OF DEATH

(a) County..... Registration District No. **791**
 (b) Township..... Primary Registration District No. **1000**
 (c) City **St. Louis** (d) Street No. **2848a Victor** St.
 (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.

Registered No. **3656**

2. PRINT FULL NAME

Cecelia A. Schuenemeyer 556
 (a) Residence, No. **2848a Victor St.** 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 Shite	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Late Frederick Schuenemeyer				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUG. 20, 1849				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	88	7	28	
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. Housewife			
	10. Date deceased last worked at this occupation (month and year)			
11. Total time (years) spent in this occupation				
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Mo.			
	13. NAME Gottlieb Bayreis			
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany			
	15. MAIDEN NAME Catherine Tralle			
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany				
17. INFORMANT Oscar Schuenemeyer (ADDRESS) 2848a Victor St.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Washington Mo. DATE 4-20 1938				
19. FUNERAL DIRECTOR Kriegshauser Mortuaries (ADDRESS) 4228 So. Kingshighway				
20. FILED APR 19 1938 J. P. Budick Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **4-17 1938**

22. I HEREBY CERTIFY, That I attended deceased from **Apr 15 1938** to **Apr 17 1938**
 I last saw **her** alive on **Apr 17-1938**, 19... Death is said to have occurred on the date stated above, at **7:45 P.M.**
 The principal cause of death and related causes of importance were as follows:

Infirmities of age
arteriosclerosis

Date of onset

Other contributory causes of importance

Name of operation..... Date of.....
 What test confirmed diagnosis?..... Was there an autopsy?.....

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 **arteriosclerosis**
 (Signed) **J. P. Budick**, M. D.
 (Address) **3601 Gravers**

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

I X12804

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.

Dr. John W. Brennan

3601 Gravois La 6590

Trinity 2-4 ~~30~~ 30

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STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____

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

_____ L. E. _____

No. _____ or by _____, Registered Apprentice No. _____

working under my personal supervision.

Signed *Reinhold K. Lohmann*

Licensed Embalmer No. *3395*

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.)