

REC'D JUN 12 1939

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

16716
Do not use this space.

791
1008

Registered No. 4250

1. PLACE OF DEATH

(a) County.....² Registration District No.....
(b) Township..... Primary Registration District No.....
(c) City St. Louis (d) Street No. 2323 Warren St. 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 60 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Christine Charlotte Schaaless

(a) Residence, No. 2323 Warren St. St. 20 (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Casper Schaaless

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 21st, 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
89 6 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housework
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) (STATE OR COUNTRY) Germany

FATHER 13. NAME Dont Know-Schwarce

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

MOTHER 15. MAIDEN NAME Dont Know

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

17. INFORMANT Henry Schaaless
(ADDRESS) 4735 Penrose St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Zion Cemetery DATE 5-8-39

19. FUNERAL DIRECTOR (NAME) Provost Und. Co.
(ADDRESS) 3710 N. Grand Blvd.

20. FILED MAY 8 1939 J. J. Budick Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-5-39 19

22. I HEREBY CERTIFY That I attended deceased from Apr 18 1939 to May 5 1939
I last saw her alive on May 5 1939 Death is said to have occurred on the date stated above, at 12.30 P.M.
The principal cause of death and related causes of importance were as follows:

hemiplegia
Chronic Nephritis
general arteriosclerosis

Date of onset 3 weeks

Other contributory causes of importance:
Chronic Nephritis
general arteriosclerosis

Name of operation..... Date of.....
What test confirmed diagnosis? lab. 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? no
If so, specify.....
(Signed) Arthur S. Swales M. D.
(Address) 7707 University

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.

Arthur Gunclack
2202 University
until 2:30 PM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ie

....., Registered Apprentice No.....
working under my personal supervision.

Signed

A. A. Smither

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Blvd.

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 this body is not embalmed, above space should be left blank.