

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **27432**

Registrar's No. **6932**

Registration District No. **901**

Primary Registration District No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County **St. Louis**  
 (b) City or town **St. Louis, Missouri**  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
**4400 Arsenal St.**  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether)  
 In this community \_\_\_\_\_  
years, months or days

8. (a) PRINT FULL NAME **Marie Schindler 534**

8. (b) If veteran, name war \_\_\_\_\_ 8. (c) Social Security No. \_\_\_\_\_

4. Sex **Female** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Widowed**  
 6. (b) Name of husband or wife **Frank A. Schindler** 6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
 7. Birth date of deceased **June 9, 1866**  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<b>73</b>	<b>1</b>	<b>28</b>	hr. _____ min. _____

9. Birthplace **Belleville Illinois**  
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business \_\_\_\_\_

MOTHER { 12. Name **Theodore J. Joerg**  
 13. Birthplace **Germany**  
(City, town, or county) (State or foreign country)  
 14. Maiden name **Anna Henig**  
 15. Birthplace **Germany**  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature **Joseph M. Schindler**  
 (b) Address **1311 S. 13th St.**

17. (a) **Burial** (b) Date thereof **Aug. 10-39**  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Old SS. Peter & Paul**

18. (a) Signature of funeral director **Mrs. Maynell**

(b) Address **1926 Allen Ave.**

19. (a) **Aug 9 1939** (b) **J.P. Brubaker**  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **1**  
 (c) City or town **St. Louis** **22**  
(If outside city or town limits, write "RURAL")  
 (d) Street No. **1311 S. 13th St.**  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A.? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **August** day **7**  
 year **1939** hour **9** minute **05** P. A. M.

21. I hereby certify that I attended the deceased from ~~\_\_\_\_\_~~  
**8-7**, 19**39**, to **Aug 7**, 19**39**;  
 that I last saw her alive on **Aug 7**, 19**39**;  
 and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary Thrombosis** **Months**  
 Due to **Chronic myocarditis**  
 Due to **Arteriosclerosis, general**  
 Other conditions **Chr. Interstitial nephritis**  
(Include pregnancy within 3 months of death)

Major findings:  
 Of operations \_\_\_\_\_  
 Of autopsy \_\_\_\_\_  
 Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?  
(Specify type of place)  
 While at work? \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature **Keith S. Wilson** (M. D. or other) **MD**  
 Address **4932 Maryland** Date signed **8/8/39**

MADE PRINTED IN U.S. UNFADING BLACK INK—MAKE 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.

1 X10511

**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.....

*A. H. Janney*  
....., Registered Apprentice No. *198*  
working under my personal supervision.

Signed *Benj. C. Duncan*  
.....  
Licensed Embalmer No. *2272*  
P. O. Address *1926 Allen*

**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.**