

Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
4056 Meramec 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

3. (a) PRINT FULL NAME Minnie Schocke

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Henry Schocke 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased Sept 16, 1851  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>88</u>	<u>4</u>	<u>11</u>	hr. _____ min. _____

9. Birthplace Germany  
(City, town, or county) (State or foreign country)

10. Usual occupation housewife

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

12. Name Henry Meyerose

13. Birthplace Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Don't know

15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature John Kuehn

(b) Address 4056 Meramec St.

17. (a) Burial (b) Date thereof Jan 30/40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old St. Marcus Cm.

18. (a) Signature of funeral director Weick Bros Und. Co.

(b) Address 2201 S. Grand Pl.

19. (a) JAN 30 1940 (b) J. P. [Signature]  
(Date received local registrar) (Registrar's Signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County \_\_\_\_\_  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4056 Meramec St.  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 27  
year 1940 hour 3 minute 0 A.M.

21. I hereby certify that I attended the deceased from November 16, 1939 to January 27, 1940  
that I last saw her alive on January 26, 1940  
and that death occurred on the date and hour stated above.

Immediate cause of death Alumina Paralytic  
Strep throat

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Alumina Myocarditis  
(Include pregnancy within 3 months of death)

Major findings Anterior infarction  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(c) Means of injury \_\_\_\_\_

23. Signature J. P. [Signature]  
Address 12730 N. [Signature] Date signed 1-29-40

Duration: 5 yrs  
4 yrs  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

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.

FILED FEB 17 1940

*Mr. Lewis  
4112 1/2  
120 about 11/10/19*

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

Signed *Harry Adkins*

Licensed Embalmer No. 3722

P. O. Address 412 Duchouquette St.

**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.**