

791

1003

Registration District No. _____

Primary Registration District No. _____

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:
7828 MICHIGAN. AV. 2
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town ST. LOUIS
(If outside city or town limits, write "RURAL")
(d) Street No. 7828 MICHIGAN. AV.
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME EVA. SCHUTZINS.

3. (b) If veteran, name war _____ 3. (c) Social Security No. none

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced WIDOWED

6. (b) Name of husband or wife LORENZ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased JUNE 8. 1850
(Month) (Day) (Year)

8. AGE: Years 89 Months 9 Days 11 If less than one day _____ hr. _____ min.

9. Birthplace JEFFERSON CITY MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business UNKNOWN AT HOME.

12. Name UNKNOWN

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

14. Maiden name UNKNOWN

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

16. (a) Informant Lotty Schutains
(b) Address 7507 N. Broadway

17. (a) BURIAL (b) Date thereof MAR 22-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation MNT OLIVE CEM.

18. (a) Signature of funeral director J. B. Beck
(b) Address 7128 Michigan

19. (a) MAR 20 1940
(Date received local registrar)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19
year 1940 hour 8:15 minute A. M.

21. I hereby certify that I attended the deceased from August 22, 1939 to March 19, 1940
that I last saw her alive on March 18, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Arteriosclerosis Chronic

Due to Senility

Due to _____

Other conditions Myocardial insufficiency Chronic
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations _____

Of autopsy _____

PHYSICIAN

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) (e) Means of injury _____

23. Signature J. B. Beck (M. D. or other) _____
Address 7702 Broadway Date signed 3/20/40

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 J. Schumacher
Licensed Embalmer No. 2679
P. O. Address 732 Linnay

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.