

Registration District No. 791

Primary Registration District No. 1003

Registrar's 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:  
5408 S. BROADWAY ✓  
(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 OTTILIA SCHISLER.

3. (b) If veteran, name war no 3. (c) Social Security No. no

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

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

7. Birth date of deceased OCT. 14 1852  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>87</u>	<u>5</u>	<u>5</u>	hr. _____ min.

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

10. Usual occupation HOUSEWIFE.

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

MOTHER FATHER {  
 12. Name UNKNOWN 9  
 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 John W. Horr.  
 (b) Address 5408 S. BROADWAY

17. (a) BURIAL (b) Date thereof MAR 21-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLD ST. MARCUS CH.

18. (a) Signature of funeral director J. P. Fendler Jr

(b) Address 7128 Michigan av.

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

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County \_\_\_\_\_  
 (c) City or town ST LOUIS 15  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 5408 S. BROADWAY  
(If rural, give location)  
 (e) If foreign born, how long in U. S. A. ? \_\_\_\_\_ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 19  
 year 1940 hour 2 minute 30 P.M.

21. I hereby certify that I attended the deceased from March 15  
 1935 to March 19, 1940  
 that I last saw he alive on March 19, 1940  
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis ?

Due to Arteriosclerosis ?

Due to Senility ?

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings: Of operations None

Of autopsy None

Duration ?  
 ?  
 ?  
 PHYSICIAN \_\_\_\_\_  
 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 None  
 (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 Mr. Starloff 1 (M. D. or other) MD  
 Address 512 Dour Rd 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.....

*Dr. P. Fendler, Jr.*

Licensed Embalmer No. *925*

P. O. Address *St. Louis*

**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.**