

Registration District No. 791

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

Registrar's No. \_\_\_\_\_

## 1. PLACE OF DEATH:

- (a) County 2702 Indiana  
 (b) City or town St. Louis  
 (If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution: \_\_\_\_\_  
 (If not in hospital or institution, write street number or location) 2  
 (d) Length of stay: In hospital or institution. \_\_\_\_\_  
 (Specify whether  
 In this community \_\_\_\_\_  
 years, months or days)

3. (a) PRINT FULL NAME MATHILDA SCHACHNER 351

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

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Benjamin Schachner 6. (c) Age of husband or wife if alive 57 years7. Birth date of deceased August 17, 1890.  
(Month) (Day) (Year)8. AGE: Years 49 Months 9 Days 14 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.9. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)10. Usual occupation At home

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

12. Name Henry Niemeyer13. Birthplace Germany  
(City, town, or county) (State or foreign country)14. Maiden name Lena Hintzpeter15. Birthplace St. Louis, Mo.  
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Benjamin Schachner(b) Address 2702 Indiana Avenue17. (a) Burial (b) Date thereof June 3, '40  
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation SS. Peter & Paul Cem.18. (a) Signature of funeral director J. H. [unclear] & Co. X.O.(b) Address 2630 Gravois19. (a) JUN 2 1940 (b) J. F. Brededeck  
(Date received local registrar) (Registrar's signature)

## 2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County \_\_\_\_\_  
 (c) City or town St. Louis 24  
 (If outside city or town limits, write "RURAL")  
 (d) Street No. 2702 Indiana Avenue  
 (If rural, give location)  
 (e) If foreign born, how long in U. S. A. \_\_\_\_\_ years.

## MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 31  
year 1940 hour 10:45 minute \_\_\_\_\_ P. M.21. I hereby certify that I attended the deceased from April 24  
1938, to May 31, 1940  
that I last saw her alive on May 31, 1940  
and that death occurred on the date and hour stated above.Immediate cause of death Chronic Parenchymatous Nephritis 4/24-38  
DurationDue to Not known.

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

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_

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

## 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 \_\_\_\_\_  
 (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 Ed W. Racking (M. D. or other) \_\_\_\_\_  
Address 2125 Sidney Date signed 6/25/40

**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.....

Robert T. Gebken

, Registered Apprentice No. 187

working under my personal supervision.

Signed.....

Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address.....

**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.**