No. 2
1-10-39
17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

FILED JUL 17 1940

State File No. 20100

Registration District No. 791 | Primary Registration District No. 1003 | Registrar's No. 5048

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

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: St. Anthony Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 3 WKS. (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Lemay NR
(If outside city or town limits, write "RURAL")

(d) Street No. 935 Lemay Ferry
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME Marie Schlittler 1434

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Divorced

6. (b) Name of husband or wife Joseph

6. (c) Age of husband or wife if alive years

7. Birth date of deceased September (Month) 3 (Day) 1869 (Year)

8. AGE: Years 70 | Months 9 | Days 5 | If less than one day hr. min.

9. Birthplace (City, town, or county) Germany (State or foreign country) 6

10. Usual occupation At Home 6

11. Industry or business

FATHER
12. Name George Klein 6
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Marie Kresens
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Gus Schlettler
(b) Address 935 Lemay Ferry

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof June 11, 40 (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Olive Cemetery

18. (a) Signature of funeral director C. Hoffmeister U. & L. Co.
(b) Address 7814 S. Broadway

19. (a) JUN 10 1940 (Date received local registrar) (b) J. F. Baldwin (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1940 hour 2 minute 30p. M.

21. I hereby certify that I attended the deceased from Jan 23, 1940, to June 8, 1940
that I last saw her alive on June 8, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Valvular Heart Disease

Due to Arteriosclerosis

Due to Cirrhosis of Liver

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

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
(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 A. W. Peters (M. D. or other)
Address 4145 S Grand Date signed

(Licensed Embalmer's Statement on Reverse Side)

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 Louis C. Hoffmeister

Licensed Embalmer No. 3871

P. O. Address 7814 S Broa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.