No. 2
11-10-39
-17-39
X21492

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 23940

AUG 25 1940

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 6385

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's Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1 (Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State (b) County

(c) City or town St. Louis 15
(If outside city or town limits, write "RURAL")

(d) Street No. 307a Eichelberger
(If rural, give location)

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

3. (a) PRINT FULL NAME Mildred Schuck 201

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 Married

6. (b) Name of husband or wife Edwin Schuck

6. (c) Age of husband or wife if alive 23 years

7. Birth date of deceased Dec. 21, 1918
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
21	7	7	hr. min.

9. Birthplace Canada 3
(City, town, or county) (State or foreign country)

10. Usual occupation Housework 4

11. Industry or business at home 4

FATHER
12. Name Wm. Turner
13. Birthplace England
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Gertrude Metcalfe
15. Birthplace England
(City, town, or county) (State or foreign country)

16. (a) Informant Edwin Schuck
(b) Address 307a Eichelberger

17. (a) Burial (b) Date thereof 7-31-40
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation N. SS. Peter & Paul

18. (a) Signature of funeral director Southern Funeral Home
(b) Address 6322 S Grand

19. (a) JUL 29 1940 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 28
year 1940 hour 10:30 minute P M.

21. I hereby certify that I attended the deceased from Jan, 1940, to July 28, 1940
that I last saw her alive on July 28, 1940
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Pulmonary embolism	
Due to	
Due to following labor (full term) 2 hr.	
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?
(Specify type of place)
While at work? (e) Means of injury

23. Signature H. B. DePew (M. D. or other)
Address 1446 S. Grand Date signed July 29/40

(Licensed Embalmer's Statement on Reverse Side)

Dr. De Pew.
1446 S. Grand
4-8

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 Virgil L. Berryman

Licensed Embalmer No. 4018

P. O. Address St. Louis Mo.

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.