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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 30581

FILED OCT 25 1940

Registration District No. 1491

Primary Registration District No. 1003

Registrar's No. 7858

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: 2628 So. 12th St.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 (Specify whether years, months or days)
In this community

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 23
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 0 2628 So. 12th St.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? 70 years.

3. (a) PRINT FULL NAME ADELHEID SCHUNCKELBURG

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 Widowed

6. (b) Name of husband or wife Bernard

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

7. Birth date of deceased January (Month) 6 (Day) 1852 (Year)

8. AGE: Years 88 Months 8 Days 12 If less than one day hr. min.

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

10. Usual occupation At Home 6

11. Industry or business 9

MOTHER FATHER
12. Name Bernard Holthous
13. Birthplace (City, town, or county) Germany (State or foreign country)

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

16. (a) Informant Mrs. Adele Heiseler
(b) Address 2708 Wyoming St.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Sept. 21 1940 (Month) (Day) (Year)
(c) Place: burial or cremation SS. Peter & Paul Cemetery

18. (a) Signature of funeral director J. H. Kuhlmann Dir. & Und. Co.
(b) Address 2630 Gravois Ave.

19. (a) SEP 20 1940 (Date received at local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 19 year 1940 hour 7 minute A. M.

21. I hereby certify that I attended the deceased from January 10th, 1938, to September 19, 1940, that I last saw her alive on Sept. 19th, 1940, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Acute Bronchitis	7 days
Due to: Chronic Bronchial Asthma	10 yrs
Due to: Hypertensive Heart Disease	20 yrs
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy None	

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 Robert L. Drury (M. D. or other) MD
Address 3548 S. Grand Date signed 9/20/40

(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

Joseph S. Benz, Registered Apprentice No. 218

working under my personal supervision.

Signed Herman A. Gebken

Licensed Embalmer No. 2120

P. O. Address 2842 Meramec St. St. Louis, Mo.

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

If this body is not embalmed, fact should be so stated above.