

No. 2
13-40
17-39
X23159

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH
1003

State File No. 33884
Registrar's No. 8584

Registration District No. 791

Primary Registration District No. 1003

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:
3951a N. 11th. St. 2
(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 Margaret Schave.
3. (b) If veteran, name war No. 3. (c) Social Security No. None.

4. Sex Female. 5. Color or race White. 6. (a) Single, widowed, married, divorced Widowed.

6. (b) Name of husband or wife Late Charles Schave. 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased July 13th. 1853.
(Month) (Day) (Year)

8. AGE: Years 87 Months 3 Days 3 If less than one day _____ hr. _____ min.

9. Birthplace St. Louis, Missouri. 0
(City, town, or county) (State or foreign country)

10. Usual occupation Housework. 10

11. Industry or business _____ 11

12. Name Jacob Conrady.

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

14. Maiden name Unknown.

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

16. (a) Informant Mrs. R. Soeling.
(b) Address 3951a N. 11th. St.

17. (a) Burial. (b) Date thereof 10-19-40.
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Valhalla cem.

18. (a) Signature of funeral director H. Ludwig
(b) Address 2223 St. Louis Ave.

19. (a) OCT 17 1940 (b) J. Fredrick
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri. (b) County _____
(c) City or town St. Louis, 11th. St. 26
(If outside city or town limits, write "RURAL")
(d) Street No. 3951a N. 11th. St.
(If rural, give location)
(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 16
year 1940 hour 2:45 minute P. M.

21. I hereby certify that I attended the deceased from September 3rd, 1940, to October 16, 1940
that I last saw her alive on October 10, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis & Valvular heart disease
Duration 2 year

Due to Chronic Nephritis

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 Nicholas Rlym (M. D. or other) _____
Address 1105 Salisbury Date signed 10/17/40

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Homer L. Ponder

Licensed Embalmer No. 3367

P. O. Address 2223 St. Louis

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.