

2
3-40
7-39
X23159

Registration District No. **791** Primary Registration District No. **1003** Registrar's No. **9513**

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. John's Hospital**
(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 **Frances Schroeder**
(b) If veteran, name war **Unknown** (c) Social Security No. **Unknown**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Married**
6. (c) Age of husband or wife if alive **77** years
7. Birth date of deceased **Sept 1 1877**
(Month) (Day) (Year)

8. AGE: Years **73** Months **2** Days **17** hr / min

9. Birthplace **Unknown** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

12. Name **Frank Schultz**

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

14. Maiden name **Unknown**

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

16. (a) Informant **Herman Schroeder**

(b) Address **Wentzville, Mo.**

17. (a) **Burial** (b) Date thereof **11/20/40**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Wentzville, Mo.**

18. (a) Signature of funeral director **T. E. Pitman**

(b) Address **Wentzville, Mo.**

19. (a) **NOV 19 1940** (b) **J. J. [Signature]**
(Date received local registrar) (City or town)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Mo.** (b) County _____
(c) City or town **Wentzville, Mo. NR**
(If outside city or town limits, write "RURAL")
(d) Street No. **Route # 1** (If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Nov.** day **18th.** year **1940** hour **12** minute **15 a.m.**

21. I hereby certify that I attended the deceased from **11-4**, 19**40**, to **11-18**, 19**40**; that I last saw him alive on _____, 19____; and that death occurred on the date and hour stated above.

Immediate cause of death: **Pulmonary embolus**

Due to _____
Due to _____

Other conditions: **Diabetes Mellitus**
(Include pregnancy, within 3 months of death)

Major findings: **Arteriosclerosis-gangrene L. Leg.**
Of operations: **Amputation for gangrene L. Leg.**
Of autopsy: _____

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 **W. J. Gallagher** (M. D. or other) **M.D.**

Address **1634 N. Grand** Date signed **11-18-40**
St. Louis

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

MOTHER FATHER

FILED DEC 11 1940

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

J. G. Sullivan

Licensed Embalmer No. 1122

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, fact should be so stated above.