

No. 2
-13-40
-17-39
X23159

Registration District No. 791 Primary Registration District No. 1005

1. PLACE OF DEATH:
(a) County _____
(b) City or town St. Louis 2
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4862 Sacramento Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution MO
(Specify whether
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County _____
(c) City or town St. Louis 7
(If outside city or town limits, write "RURAL")
(d) Street No. 4862 Sacramento
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME WILHELMINA SCHANBUSCH

3. (b) If veteran, name war NO 3. (c) Social Security No. NO

4. Sex FEMALE 5. Color or race WHITE
6. (a) Single, widowed, married, divorced WIDOW
6. (b) Name of husband or wife Charles H. Schanbusch
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased November 20 1867
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
73 1 6 hr. min.

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

10. Usual occupation none 0

11. Industry or business none

12. Name unknown 9

13. Birthplace unknown 9
(City, town, or county) (State or foreign country)

14. Maiden name unknown 7

15. Birthplace unknown 7
(City, town, or county) (State or foreign country)

16. (a) Informant Charles Schanbusch

(b) Address 4125 Clay Ave

17. (a) burial (b) Date thereof 12-28-40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. John's Cemetery

18. (a) Signature of funeral director A. K. ...

(b) Address 2707 N. Grand Blvd

19. (a) DEC 27 1940 (b) J. T. Buddeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 26
year 1940 hour: 4 minute: 2 M.

21. I hereby certify that I attended the deceased from Dec 23
_____, 1940, to Dec 26, 1940
that I last saw he alive on Dec 25, 1940,
and that death occurred on the date and hour stated above.

Immediate cause of death
Acute Cardiac dilatation } 4 Day
with Pulmonary edema
Due to Chronic nephritis } 2 year
Chronic myocarditis } 2 year
Other conditions none
(Include pregnancy within 3 months of death)
Major findings: MI } X
Of operations }
Of autopsy no autopsy

Duration
4 Day
2 year
2 year
PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following: X

(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? X

While at work? X (Specify type of place) (e) Means of injury IX

23. Signature W. H. T. ... (M. D. or other) MD

Address 2500 N Grand Date signed 12/27/40

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

MOTHER FATHER

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 *Paul H. Hoelber*

Licensed Embalmer No. *2631*

P. O. Address *2707 71 St*

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.