

13-40
7-39
X23159

REG FEB 25 1941
Registration District No. 1003

State File No. 375
Registrar's No.

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: City 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 Ann Schotthofer
3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex F. 5. Color or race W. 6. (a) Single, widowed, married, divorced S.
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Unk. Unk. 1870
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
70 Unk. Unk. hr. min

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

10. Usual occupation Housekeeper

11. Industry or business _____

MOTHER FATHER { 12. Name Unk.
13. Birthplace Unk. 9 (City, town, or county) (State or foreign country)
14. Maiden name Unk.
15. Birthplace Unk. 9 (City, town, or county) (State or foreign country)

16. (a) Informant Rev. James R:O'Neill
(b) Address 3628 Lindell Blvd.

17. (a) Burial (b) Date thereof 1-16-1941
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Celvary

18. (a) Signature of funeral director Arthur Donnelly
(b) Address 3840 Lindell Blvd.

19. (a) JAN 14 1941 (b) [Signature]
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 000
(c) City or town St. Louis 1917
(If outside city or town limits, write "RURAL") 9
(d) Street No. #20 N. Spring Ave.
(If rural, give location) 0
(e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 13th
year 1941 hour 10:40 minute A. M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
that I last saw h _____ alive on _____, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis
Myocardial Regeneration
Cardiac Hypertrophy
Due to Pinworm
Due to 970

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)
(a) Means of injury _____
23. Signature [Signature] (M. D. or other) 3
Address _____ Date signed 1/14/41

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

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 *Stanley Marshall*

Licensed Embalmer No. *2868*

P. O. Address *3840 Lindell*

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.