

FILED MAR 25 1941 791

Registration District No. _____ Primary Registration District No. **1003**

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. Anthony's Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **4 DAYS**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **17**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL") **29**
(d) Street No. **6061 Carlsbad Ave.**
(If rural, give location)
(e) If foreign born, how long in U. S. A. ? **0** years.

3. (a) PRINT FULL NAME **GRACE L. SCHULER**

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 **Married**

6. (b) Name of husband or wife **Lawrence** 6. (c) Age of husband or wife if alive **36** years

7. Birth date of deceased **March 3 1905**
(Month) (Day) (Year)

8. AGE: Years **35** Months **11** Days **9** If less than one day hr. _____ min. _____

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

10. Usual occupation **At Home**

11. Industry or business _____

MOTHER FATHER { 12. Name **Peter Scheltens**

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

14. Maiden name **Minnie Bush**

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

16. (a) Informant **Lawrence Schuler**
(b) Address **6061 Carlsbad Ave.**

17. (a) **Burial** (b) Date thereof **Feb. 12, 1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Raymond, Minnesota**

18. (a) Signature of funeral director **J. H. Bekken Div. + Und. Co.**

(b) Address **2842 Meramec St.**

19. (a) **FEB 25 1941** (b) **J. T. Brecheck**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **February** day **12th**
year **1941** hour **4** minute **10 A.M.**

21. I hereby certify that I attended the deceased from **2/8/41**
_____, 19____, to **2/12/41**, 19____
that I last saw her alive on **2/12/41**, 19____
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute dilatation of heart** Duration **15 min**

Due to _____

Due to **Double Pneumonia** **4 days**

Other conditions **meningitis**
(including emergency within 3 months of death)

Major findings: **Of operations** **PHYSICIAN**

Of autopsy **lobar pneumonia bilateral meningitis**
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 **0**
23. Signature **E. W. Simpson** (M. D. or other) **211-0**
Address **3739 Grandview Ave.** Date signed **2/12/41**

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

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1770

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 Me
....., Registered Apprentice No.
working under my personal supervision.

Signed Robert F. Gebber

Licensed Embalmer No. 4144
2842 Meramec St.
P. O. Address St. Louis, Mo.

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.