

FILED JUN 11 1941

Registration District No. 757

Primary Registration District No. 5998

Registrar's No. 88

1. PLACE OF DEATH:

(a) County. ST. CHARLES
(b) City or town. "RURAL" ST. CHARLES
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
EVANGELICAL EMMAUS HOME
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. 25 DAYS
(Specify whether
In this community
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State. MISSOURI (b) County. ST. LOUIS 86
(c) City or town. UNIVERSITY CITY 3
(If outside city or town limits, write "RURAL")
(d) Street No. 7350 MELROSE 5
(If rural, give location)
(e) If foreign born, how long in U. S. A. 1 years.

8. (a) PRINT FULL NAME. CHRISTINA RIEF SCHOTT

3. (b) If veteran, name war. No. 8. (c) Social Security No.

4. Sex. FEMALE 5. Color or race. WHITE 6. (a) Single, widowed, married, divorced. WIDOWED

6. (b) Name of husband or wife. PETER SCHOTT, SR. 6. (c) Age of husband or wife if alive. years

7. Birth date of deceased. MAY 7, 1874
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
66 11 29 hr. min.

9. Birthplace. ALSACE-LORRAINE GERMANY
(City, town, or county) (State or foreign country)

10. Usual occupation. UNEMPLOYED

11. Industry or business.

MOTHER FATHER
12. Name. NOT KNOWN
13. Birthplace. NOT KNOWN
(City, town, or county) (State or foreign country)
14. Maiden name. NOT KNOWN
15. Birthplace. NOT KNOWN
(City, town, or county) (State or foreign country)

16. (a) Informant. Theophil Storker
(b) Address. St. Charles, Mo.

17. (a) Burial (b) Date thereof. May 9, 41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation. Memorial Park

18. (a) Signature of funeral director. Daphne Hauer
(b) Address. 905 No. Union Blvd.

19. (a) 5-8-41 (b) Clarence Messler
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 6th
year 1941 hour 9 minute 55 P.M.

21. I hereby certify that I attended the deceased from April 12 1941 to May 6th 1941
that I last saw her alive on May 6th 1941
and that death occurred on the date and hour stated above.

Immediate cause of death. Uræmia Duration 2 days

Due to. Chronic Nephritis

Due to. Gen. Arteriosclerosis

Other conditions. Cerebral Hemorrhage
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings: None
Of operations None
Of autopsy None
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?
679 (Specify type of place)
Write at work? (e) Means of injury _____

23. Signature. A.P. Erich Schulz (M.D. or other) D
Address. St. Charles, Mo. Date signed 5/7/41

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

R M Jendord

Licensed Embalmer No.

2273

P. O. Address

St. Louis

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, above space should be left blank.