

FILED **III 21 1941**
Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **4780**

1. PLACE OF DEATH:
 (a) County ST. LOUIS
 (b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: LUTHERAN HOSP. (C)
(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 FULLNAME IDA SCHLANGE
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** MARRIED
6. (b) Name of husband or wife ALBERT **6. (c) Age of husband or wife if alive** 82 years
7. Birth date of deceased SEPT. 13 1858
(Month) (Day) (Year)

8. AGE: Years 82 Months 8 Days 25 If less than one day _____ hr. _____ min.

9. Birthplace Evansville / Indiana
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSEWIFE

11. Industry or business AT HOME

MOTHER FATHER
12. Name William Smith
13. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)
14. Maiden name Jessie Smith
15. Birthplace Columbus Ohio
(City, town, or county) (State or foreign country)

16. (a) Informant Clayde E. Kightly

(b) Address 914 W. Florida Evansville

17. (e) Slightly **(b) Date thereof** June 9 1941
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation EVANSVILLE, IND

18. (a) Signature of funeral director J. S. Finkler

(b) Address 7128 Michigan

19. (a) JUN 9 1941 **(b) F. Brodbeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County 000
 (c) City or town ST. LOUIS 1517
(If outside city or town limits, write "RURAL")
 (d) Street No. 5421 DRESDEN - A1 9
(If rural, give location)
 (e) If foreign born, how long in U. S. A.? 0 years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
 year 1941 hour 10 minutes 10 P. M.

21. I hereby certify that I attended the deceased from April 24, 1941 to June 8, 1941;
 that I last saw her alive on June 8, 1941;
 and that death occurred on the date and hour stated above.

Immediate cause of death. Chronic myocarditis 5 year

Due to _____

Due to Coronary Thrombosis 40 days

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) (e) Means of injury

23. Signature Adam J. Youngman (M. D. or other) (C)
 Address 5439 Broadway Date signed 6/9/41

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

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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

Harry J. Schumacher

Licensed Embalmer No. *2679*

P. O. Address *732 Tom ay*

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.