

No. 2
-1-4-41
-17-39

X2a390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

19998

STANDARD CERTIFICATE OF DEATH

State File No. _____

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 4810

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:
St. John's 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

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600
(c) City or town St. Louis 717
(If outside city or town limits, write "RURAL")
(d) Street No. 4821 Kossuth Ave 9
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Mary Gertrude Schatz

3. (b) If veteran, name war _____ 3. (c) Social Security No. None

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Julius Schatz 6. (c) Age of husband or wife if alive 58 years

7. Birth date of deceased Aug 16th 1883
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>57</u>	<u>9</u>	<u>22</u>	hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Geo Forsing

13. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

14. Maiden name Haddie Huber

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

16. (a) Informant Julius Schatz

(b) Address 4821 Kossuth Ave

17. (a) Burial (b) Date thereof 6/11/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Stroot - Carroll

(b) Address 4600 Natural Bridge Ave

19. (a) JUN 10 1941 (b) J. F. Budick
(Date of registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 8
year 1941 hour 4 minute _____ P.M.

21. I hereby certify that I attended the deceased from 5/12/41 to 6/8/41
4/2/41 19 _____ 19 _____
that I last saw h. er alive on 6/8/41
and that death occurred on the date and hour stated above.

Immediate cause of death Typhus erythematous Duration 1 yr.

Due to ej

Due to 15312

Other conditions 15312
(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 D. Jack (M. D. or other) 200

Address Newbern Rd Date signed 6/9/41

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..... *Ernest H. Street*

Licensed Embalmer No. *2265*

P. O. Address..... *4609 N. Bridge Ave*

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.