

No. 2
-1-4-41
-17-39
X28390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 22948
6290
Registrar's No.

FILED AUG 28 1941
Registration District No. 791

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 2 Mos., 16 Days
(Specify whether
In this community 0
years, months or days)

3. (a) PRINT FULL NAME Louis Schooler

3. (b) If veteran, name war No
3. (c) Social Security No. 495-18-3391

4. Sex Male 0 5. Color or race White 6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Feb. 12th, 1891
(Month) (Day) (Year)

8. AGE: Years 50 Months 5 Days 18
If less than one day _____ hr. _____ min.

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

10. Usual occupation Candy Maker

11. Industry or business _____

12. Name Samuel J. Schooler
13. Birthplace Sturgeon, Mo.
(City, town, or county) (State or foreign country)

14. Maiden name Eula Belle Berry
15. Birthplace Ashland, Mo.
(City, town, or county) (State or foreign country)

16. (a) Informant Florence G. Schooler
(b) Address 1308 Paris Road, Columbia, Mo.

17. (a) Burial (b) Date thereof 8/1/41
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Centralia City Cem.

18. (a) Signature of funeral director Kraeger-Voss-Fix, Inc.
(b) Address 3402 N. Kingshighway

19. (a) JUL 31 1941 (b) _____
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo (b) County MO
(c) City or town St. Louis, Mo.
(If outside city or town limits, write "RURAL")
(d) Street No. 4952 Claxton Ave
(If rural, give location)
(e) Citizen of foreign country? 07 (Yes or No)
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 30, year 1941 hour 3:15 minute A. M.

21. I hereby certify that I attended the deceased from May 14, 1941 to July 30, 1941
that I last saw him alive on July 30, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage Duration 1 1/2 hrs.
Due to Paresis 7 yrs.
Due to _____

Other conditions Carotid arteries of the Liver
(Include pregnancy within 3 months of death)
Major findings: Ascites - Arteriosclerosis done 7/14/41
Of operations _____
Of autopsy Refused
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? _____

(Specify type of place) _____
While at work? _____ (e) Means of injury _____
23. Signature R.R. Brown (M, D, or other) h
Address 1515 Lafayette Ave. Date signed 7/30/41

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

MOTHER FATHER

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.....

Albert G. Hopper

Licensed Embalmer No..... *2971*

P. O. Address.....

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.