

No. 2
-1-4-41
-17-39
X26390

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40342

ED JAN 24 1942 791

Registration District No.

Primary Registration District No. 1003

State File No.

Registrar's No. 10092

1. PLACE OF DEATH:

(a) County Saint Louis, Missouri
(b) City or town Saint Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution BARNES 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

3. (a) PRINT FULL NAME MATILDA (MAY) SCHUELER

3. (b) If veteran, name war _____ 3. (c) Social Security No. 489-09-3692

4. Sex FEMALE 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 _____ years

7. Birth date of deceased SEPT. 27, 1900
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
41 2 23 hr. min.

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

10. Usual occupation OFFICE SECY.
UNION ELECTRIC CO. OF MO.

11. Industry or business _____

12. Name OTTO A. SCHUELER

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

14. Maiden name MARY C. ASTOR
(City, town, or county) (State or foreign country)

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

16. (a) Informant OTTO A. SCHUELER

(b) Address 1411 WALTON AVE.

17. (a) RURIAL (b) Date thereof 12-22-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEMETERY

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindebl Blvd

19. (a) DEC 21 1941 (Date received local registrar) J. F. Braden (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 6500
(c) City or town St. Louis, Missouri 617
(If outside city or town limits, write "RURAL")
(d) Street No. 1411 WALTON AVE. 9
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 20
year 1941 hour 7 minute 45 a. m.

21. I hereby certify that I attended the deceased from Nov. 21, 1941 to Dec. 20, 1941;
that I last saw her alive on Dec. 20, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Respiratory Failure Duration _____

Due to Pleural effusion

Due to Carcinomatosis, primary site carcinoma of right breast

Other conditions _____
(Include pregnancy within 3 months of death)

Major findings: 50
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 J. F. Braden (M. D. or other) 11
Address BARNES HOSPITAL Date signed 12-20-41

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

[Handwritten mark]

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

Stanley Marshall

Licensed Embalmer No.

2868

P. O. Address

3840 Lindell

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.