

No. 2
-1-4-41
5-17-39
1

Dr. Eric Schulz
State File No. **42838**

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

Registration District No. **757**

Primary Registration District No. **3036**

Registrar's No. **229**

1. PLACE OF DEATH:

(a) County **St. Charles**
(b) City or town **St. Charles**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Emmaus Home D
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **Five Weeks**
(Specify whether
In this community **Lifetime**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **St. Charles**
(c) City or town **St. Charles**
(If outside city or town limits, write "RURAL")
(d) Street No. **318 South Main St**
(If rural, give location)
(e) Citizen of foreign country? **No** (Yes or No)
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **December** day **18**
year **1941** hour **5** minute **30 P.** M.

21. I hereby certify that I attended the deceased from
Nov 19th 19**41** to **Dec 18th** 19**41**
that I last saw her alive on **Dec 17th** 19**41**
and that death occurred on the date and hour stated above.

Immediate cause of death **Acute dilatation of heart. 1 hr.?**
Due to **Chronic Myocarditis**
Gen Arterio Sclerosis.

Other conditions **no**
(Include pregnancy within 3 months of death)

Major findings:
Of operations **no** **938**
Of autopsy **no**
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 **A P Erish Schulz** (M. D. or other) **Erish**
Address **St Charles Mo.** Date signed **12/23/41**

3. (a) PRINT FULL NAME **Katharina Biddlingmeier**
3. (b) If veteran, name war **No** 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 **Walter** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **March 16 1864**
(Month) (Day) (Year)

8. AGE: Years **77** Months **9** Days **2** If less than one day _____ hr. _____ min.

9. Birthplace **Harvestet Mo D**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business _____

MOTHER FATHER { 12. Name **John M. Biddlingmeier**
13. Birthplace **Unknown - Germany**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Unknown**
(City, town, or county) (State or foreign country)

16. (a) Informant **George Biddlingmeier**

(b) Address **724 Lewis - St. Charles, Mo.**

17. (a) **Burial** (b) Date thereof **Dec 21-1941**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **St. Johns Cem, St. Charles, Mo.**

18. (a) Signature of funeral director **W. C. Dallmeyer & Sons Co.**
(b) Address **800 N. Second St. Charles, Mo.**

19. (a) **December 26 1941** (b) **Clarence G. Wesler**
(Date received local registrar) (Registrar's signature)

619 (Licensed Embalmer's Statement on Reverse Side)

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..... *John E Dallmeyer*

Licensed Embalmer No. *2957*

P. O. Address *St Charles Mo*

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.