

FILED FEB 24 1943  
Registration District No. 19431

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....

(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 Altenheim 8721 Halls Ferry Road  
(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 Mary Shau

3. (b) If veteran, name war..... 3. (c) Social Security No.....

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 alive..... years

7. Birth date of deceased. November 30 1868  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>1</u>	<u>1</u>	..... hr. .... min.

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

10. Usual occupation At Home

11. Industry or business.....

MOTHER FATHER { 12. Name Frederick Shau

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

14. Maiden name Franciska Heineke

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

16. (a) Informant Miss Shuman  
(b) Address 8721 Halls Ferry Road

17. (a) Burial (b) Date thereof Jan 3 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. New Bethlehem Cemetery

18. (a) Signature of funeral director Belderwieden Funl Home Inc  
(b) Address 1936 St. Louis Ave

19. (a) JAN 3 1943 (b) J. F. Bredack  
(Date received local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 8721 Halls Ferry Road  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No)

If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 1  
year 1942 hour 9:45 minute P M.

21. I hereby certify that I attended the deceased from Nov. 1 1941 to Jan. 1 1942  
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..... Chronic Myocarditis Duration 57 yrs.

Due to.....

Due to.....

Other conditions Senile Dementia  
(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 Melvin Jess (M.D. or other) MD  
Address 3611 St. Louis Ave Date signed 1-2-42

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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

*Delis J. Krupin*

Licensed Embalmer No.

*3497*

P. O. Address

*1936 St. Louis*

**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.**