. No. 2
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PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 13 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 9197

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2576

1. PLACE OF DEATH:

(a) County St. Louis, Mo.
(b) City or town (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 10 days (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County
(c) City or town St. Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2506 N. Jefferson (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Annie Mary Scholer

3. (b) If veteran, name war X

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife William Scholer

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

7. Birth date of deceased June (Month) 20 (Day) 1873 (Year)

8. AGE: Years 68 Months 9 Days 0 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Andrew Schumcker
13. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name --- Walburgah
15. Birthplace Unknown (City, town, or county) Germany (State or foreign country)

16. (a) Informant Chas. Scholer
(b) Address 4300 Jennings Road

17. (a) Cremation (Burial, cremation, or removal) (b) Date thereof 3-23-1942 (Month) (Day) (Year)
(c) Place ~~xxxxx~~ cremation Valhalla Crematory

18. (a) Signature of funeral director Truth Center Mortuary
(b) Address 4024 Lindell Blvd., St. Louis

19. (a) MAR 23 1942 (Date received local registrar) (b) J. F. Busek (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 20 year 1942 hour 7:30 minute P M.

21. I hereby certify that I attended the deceased from Mar. 11 1942 to Mar 20 1942 that I last saw her alive on Mar 11 1942 and that death occurred on the date and hour stated above.

Immediate cause of death Carcinomatosis involving liver, peritoneum & ovaries

Due to Primary site unknown

Due to

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

Major findings: Of operations Carcinomatosis

Of autopsy Carcinomatosis as above

Duration

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 F. R. Bradley (M.D. or other)
Address BARNES HOSPITAL Date signed 3/21

844

(Licensed Embalmer's Statement on Reverse Side)

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, ~~XXX~~ .....

....., Registered Apprentice No. .....

working under my personal supervision.

Signed Jack H. Lukens

Licensed Embalmer No. 4110

P. O. Address 4024 Lindell Blvd., St. Louis, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.