

FILED JUN 22 1942
Registration District No. **1291**

Primary Registration District No. **1003**

Registrar's No. **5097**

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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: **St. Anthony's Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **3 Days**
(Specify whether _____)
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**
(c) City or town **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No. **2309 Thurman Blvd**
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Sebastian Schuler**

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

4. Sex **Male** 5. Color or race **White** 6. (a) Single, widowed, married, divorced **Married**
6. (b) Name of husband or wife **Mathilda Schuler** 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **August 14 1882**
(Month) (Day) (Year)

8. AGE: Years **59** Months **9** Days **23** If less than one day _____ hr. _____ min.

9. Birthplace **Germany** (City, town, or county) **4** (State or foreign country)

10. Usual occupation **Proprietor**

11. Industry or business **Bake Shop**

12. Name **John Schuler**

13. Birthplace **Germany** (State or foreign country) **4**

14. Maiden name **Elizabeth Blumeyer**

15. Birthplace **Germany** (City, town, or county) **4** (State or foreign country)

16. (a) Informant **Mathilda Schuler**

(b) Address **2309 Thurman Blvd**

17. (a) **Burial** (Burial, cremation, or removal) (b) Date thereof **June 11 1942**
(Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

18. (a) Signature of funeral director **Reetz Brothers Ave**

(b) Address **3029 Lafayette Ave**

19. (a) **JUN 9 1942** (Date received local registrar) (b) **J. F. Medard** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **7th** day **June** year **1942** hour **8:36** minute **P.** M.

21. I hereby certify that I attended the deceased from **June 1942** to **June 7 1942**
that I last saw him alive on **6-7-1942** and that death occurred on the date and hour stated above.

Immediate cause of death **Chromia Myocarditis**
Due to **Arteriosclerosis**

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

Major findings: Of operations _____
Of autopsy **Chromia Myocarditis**

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 **John Schuler** (M. D.)
Address **3060 Oak St** Date signed **6/7/42**

Duration

Some 4 years
10 yrs

PHYSICIAN

Underline the cause to which death should be charged statistically.

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 Frank J. Owens

Licensed Embalmer No. 2245

P. O. Address St Louis 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.