S. No. 2
—1-4-41
5-17-39
PI X26390

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED SEP 4 1942

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 25984

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 7178

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: Mo. BABTIST HOSPITAL O (If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether

In this community 48 years, months or days)

2. USUAL RESIDENCE OF DECEASED: 76

(a) State MISSOURI (b) County NR

(c) City or town ST. LOUIS (If outside city or town limits, write "RURAL")

(d) Street No. 7466 STANDFORD (If rural, give location)

(e) Citizen of foreign country? 1 (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME RUTH-LA-CLAIR

3. (b) If veteran, name war

3. (c) Social Security No. 494-07-7639

4. Sex FEMALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced 3 DIVORCED

6. (b) Name of husband or wife CHARLES LA-CLAIR

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

7. Birth date of deceased JAN (Month) 26 (Day) 1894 (Year)

8. AGE: Years 48 Months 6 Days 29 If less than one day hr. min.

9. Birthplace ST. LOUIS (City, town, or county) MO. O (State or foreign country)

10. Usual occupation RECEVING CLERK

11. Industry or business KLEINES DEPT. STORE

FATHER
12. Name WALTER SCHULZ
13. Birthplace ST. LOUIS (City, town, or county) MO O (State or foreign country)

MOTHER
14. Maiden name LUCY BIRRELL
15. Birthplace ST. LOUIS (City, town, or county) MO O (State or foreign country)

16. (a) Informant MRS LUCY SCHULZ

(b) Address 7466 STANDFORD AVE

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof AUG 28 42 (Month) (Day) (Year)

(c) Place: burial or cremation VALHALLA - CEM

18. (a) Signature of funeral director Snedemeyer & Sons

(b) Address 3934 N. 20 St. St. Louis Mo

19. (a) AUG 27 1942 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

844

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month AUG day 25 year 1942 hour 9.45 minute P M.

21. I hereby certify that I attended the deceased from June 6 1942 to Aug 25 1942 that I last saw her alive on Aug 25 1942 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Pneumonic infarct	1 day
Due to: Post operative	
Due to:	
Other conditions: 1 Thyrotoxicosis (Include pregnancy within 3 months of death)	6 yrs.
Major findings: 2 chr myocarditis	
Of operation: 3 Hypertention	
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) no

(b) Date of occurrence no

(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 James A. Forbes (M. D. or other) MD

Address 3903 Olive Date signed 8-27-42

(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, or by .....

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

working under my personal supervision.

Signed Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 5934 Alpine Ave

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.