

S. No. 2
M-5-42
5-17-39
X32873

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **32390**
Registrar's No. **9126**

Filed NOV 11 1942 **818**
Registration District No.

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:
4830 Carter Ave
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
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. **4830 Carter Ave**
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME **Theresa Schaedlich**
3. (b) If veteran, name war
3. (c) Social Security No. **None**

4. Sex **Female** 5. Color or race **White**
6. (a) Single, widowed, married, divorced **Widow**
6. (b) Name of husband or wife **Charles Schaedlich**
6. (c) Age of husband or wife if alive, years
7. Birth date of deceased **Oct 16th 1862**
(Month) (Day) (Year)

8. AGE: Years **80** Months **0** Days **14**
If less than one day hr. min.

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

10. Usual occupation **Housewife**

11. Industry or business

MOTHER FATHER { 12. Name **Stephan Strauss**
13. Birthplace **Hungary**
(City, town, or county) (State or foreign country)
14. Maiden name **Unknown**
15. Birthplace **Hungary**
(City, town, or county) (State or foreign country)

16. (a) Informant **Charles Schaedlich**
(b) Address **4830 Carter Ave**

17. (a) **Burial** (b) Date thereof **11/3/42**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation **Calvary Cemetery**

18. (a) Signature of funeral director **Stroot - Carroll**
(b) Address **4600 Natural Bridge Ave**

19. (a) **NOV 2 1942** (b) **J. F. Bredeck**
(Date received local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct** day **30**
year **1942** hour **7** minute **30 P** M.
21. I hereby certify that I attended the deceased from **Jan 29**
1939 to **Oct 30, 1942**
that I last saw her alive on **Oct 29, 1942**
and that death occurred on the date and hour stated above.

Immediate cause of death **Chronic Myocarditis** Duration **35 yrs.**

Due to
Due to
Other conditions **Arterio-Sclerosis**
(Include pregnancy within 3 months of death)

PHYSICIAN
Major findings:
Of operations
Of autopsy
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 **J. F. Mellies** (M. D. or other)
Address **3825 N. 22th** Date signed **10/30/42**

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 H. Starnoff

Licensed Embalmer No. 2265

P. O. Address. 46th Mt. Vernon

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.