

FILED NOV 6 1942  
1942  
784  
Registration District No. ....

Primary Registration District No. 109

96  
5  
3  
WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Maplewood  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Maplewood Nursing Home 4  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 2 Months  
(Specify whether)

In this community 2 years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Illinois (b) County 999

(c) City or town 968 Spruce St.  
(If outside city or town limits, write "RURAL")

(d) Street No. Winnetka, Illinois  
(If rural, give location)

(e) Citizen of foreign country? 2 (Yes or No)  
If yes, name country 2

3. (a) PRINT FULL NAME Anna Schaettler

3. (b) If veteran, name war No

3. (c) Social Security No. No

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 11th  
year 1942 hour 2 minute 30 P.M.

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife John Schaettler

6. (c) Age of husband or wife if alive 22 years

7. Birth date of deceased March 21, 1870  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from Aug. 22, 1942, to Oct. 7, 1942  
that I last saw her alive on Oct 7, 1942, 1942  
and that death occurred on the date and hour stated above.

8. AGE: Years 72 Months 6 Days 20  
If less than one day hr. min.

Immediate cause of death Chronic Endocarditis

Due to skipping teeth of age

Due to 92 d

Other conditions (Include pregnancy within 3 months of death)

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

10. Usual occupation Housework

PHYSICIAN

Major findings:  
Of operations

Of autopsy

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name William Petersen

13. Birthplace Germany 4  
(State or foreign country)

14. Maiden name (Unknown)

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

16. (a) Informant William Schaettler

(b) Address 7228 Normandy Place

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (Burial, cremation, or removal)

(b) Date thereof Oct. 14, 1942  
(Month) (Day) (Year)

(c) Place: burial or cremation Mt. Lebanon Cemetery

18. (a) Signature of funeral director Theo. J. Raschedag

(b) Address 2825 N. Grand Blvd.

19. (a) OCT 12 1942 (Date received local registrar)

(b) C. J. McAnoughe (Registrar's signature)

(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 Theo. J. Raschedag (M. D. or other)

Address 7465 Hazel Ave Date signed 10/12/42

**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.....

*W. Wilkinson*  
.....  
Licensed Embalmer No. *3575*

P. O. Address.....

**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.**

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