

195

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:  
City Hospital 0  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution ..... (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. 1317 No 14th St  
(If rural, give location)

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

000  
17  
925

3. (a) PRINT FULL NAME Mary Kanter, also known as May Cushing, known as May Schroeder

3. (b) If veteran, name war None 3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan day 25  
year 1943 hour 4 minute AM

21. I hereby certify that I attended the deceased from ..... 19..... to ..... 19.....  
that I last saw h..... alive on..... 19.....  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race White

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

6. (b) Name of husband or wife Thomas Schroeder 6. (c) Age of husband or wife if alive ..... years

7. Birth date of deceased Unknown 1867  
(Month) (Day) (Year)

Immediate cause of death .....  
Chronic Myocarditis  
Chronic Interstitial Nephritis  
Due to .....  
Due to .....  
Other conditions .....  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

abt. 75	0	0	hr. min.
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PHYSICIAN

Major findings:  
Of operations .....  
Of autopsy .....

Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housework

11. Industry or business

MOTHER FATHER { 12. Name Unknown

13. Birthplace ..... (City, town, or county) (State or foreign country)

14. Maiden name ..... (City, town, or county) (State or foreign country)

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

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? No (Specify type of place) (e) Means of injury No

23. Signature Alfred G Perry (M. D. or other) .....  
Address 1431 Union Blvd Date signed 1/25/43

16. (a) Informant Th. Schroeder

(b) Address 1317 N. 14th St.

17. (a) Burial (b) Date thereof Jan. 26, 43  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Hill Cemetery

18. (a) Signature of funeral director Benedict Neibers

(b) Address 1431 Union Blvd.

19. (a) JAN 25 1943 (Date received local registrar) J. F. Briedeck (Registrar's signature)

OFFICIAL

**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

*William J. Evans*

Licensed Embalmer No. ....

*4319*

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.**