

FILED JAN 26 1943

496

Registration District No. 318

Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5035 S. Grand Blvd.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community..... Unknown
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. 5035 S. Grand Blvd.
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME..... Marie Schiffer

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

4. Sex..... Female 5. Color or race..... White 6. (a) Single, widowed, married, divorced..... Married

6. (b) Name of husband or wife..... Theodore T. Schiffer 6. (c) Age of husband or wife if alive..... 54 years

7. Birth date of deceased..... November 28, 1880
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>62</u>	<u>1</u>	<u>17</u>hr.min.

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

10. Usual occupation..... Home

11. Industry or business.....

12. Name..... Unknown

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

14. Maiden name..... Unknown

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

16. (a) Informant..... Theo. Schiffer

(b) Address..... 5035 S. Grand Blvd.

17. (a) Cremation (b) Date thereof..... 1 18 43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... Missouri Crematory

18. (a) Signature of funeral director..... Walter Hildner

(b) Address..... 3634 Gravois Avenue

19. (a) JAN 18 1943 (b) J. F. Brauer
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... January day..... 15
year..... 1943 hour..... 9 minute..... 55 P.M.

21. I hereby certify that I attended the deceased from January 14 to January 15, 1943
that I last saw her alive on January 15, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Nemia due to chronic nephritis
Due to..... chronic myocarditis
Due to..... Anasarca

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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) Means of injury.....

23. Signature..... Chas. H. Weinsberg (M. D. or other).....
Address..... 3232 Lafayette Date signed..... 1-16-43

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

MOTHER FATHER

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.....

Robert Wheeler

Licensed Embalmer No.

2178

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.