. S. No. 2
M—9-4-41
5-17-39
I X29484

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 30 1943

Registration District No.

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No.

State File No. 8757

Registrar's No. 2743

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: 4730 Louisiana /
(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 Mo. (b) County 000 17 9 15

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

(d) Street No. 4730 Louisiana
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Rosa O. Schatz

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife August

6. (c) Age of husband or wife if alive 68 years

7. Birth date of deceased April (Month) 10 (Day) 1873 (Year)

8. AGE: Years 69 Months 11 Days 10 If less than one day hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. 0 (State or foreign country)

10. Usual occupation House Work

11. Industry or business

FATHER
12. Name Jacob Reck
13. Birthplace (City, town, or county) Germany 4 (State or foreign country)

MOTHER
14. Maiden name Emma Weingardt
15. Birthplace (City, town, or county) Germany 4 (State or foreign country)

16. (a) Informant August J. Schatz
(b) Address 4730 Louisiana

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 3-23-43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Matthews

18. (a) Signature of funeral director Wm Schumacher
(b) Address 3013 Meramec St.

19. (a) MAR 22 1943 (Date received local registrar) (b) J. F. Bridick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 20 year 1943 hour 11 minute 20 P. M.

21. I hereby certify that I attended the deceased from July 20, 1935, to March 20, 1943 that I last saw her alive on March 20, 1943 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chronic Myocarditis	10 yrs
Due to: Coronary Thrombosis	2 hours
Due to:	(2 hours)
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations	
Of autopsy	

93

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)

(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? (Specify type of place)

While at work? (e) Means of injury

23. Signature Adam G. Young Man (M. D. or other)

Address 5439 Gravois Date signed 3/27/43

(Licensed Embalmer's Statement on Reverse Side)

DAM YOUNGMAN
5439 GRAYOIS
8-9 AM 1-3 PM 6-8 PM H01340

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 George N. Archambault, Registered Apprentice No. X, working under my personal supervision.

Signed George N. Archambault

Licensed Embalmer No. 2406

P. O. Address 3013 Miramar

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.