

FILED MAR 30 1948 318

1003

Registration District No.

Primary Registration District No.

Registrar's No. 2619

1. PLACE OF DEATH:

(a) County: St. Louis, Missouri
(b) City or town: St. Louis, Missouri
(c) Name of hospital or institution: St. Anthony's Hospital
(d) Length of stay: In hospital or institution: 3 mo. 14 days
In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: St. Louis
(c) City or town: St. Louis
(d) Street No.: 3901 Potomac St.
(e) Citizen of foreign country? (Yes or No)

3. (a) PRINT FULL NAME: Corine M. Schettle

3. (b) If veteran, name war: -- (c) Social Security No.: 488-07-1875

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

6. (b) Name of husband or wife: Phillip Schettle 6. (c) Age of husband or wife if alive: years

7. Birth date of deceased: November 11, 1894

8. AGE: Years 48 Months 4 Days 5 If less than one day hr. min.

9. Birthplace: St. Louis, Missouri

10. Usual occupation: Shoe Worker

11. Industry or business: Brauer Bros. Shoe Co.

MOTHER FATHER

12. Name: Leo Schettle

13. Birthplace: St. Louis, Missouri

14. Maiden name: Theresa Meyer

15. Birthplace: St. Louis, Missouri

16. (a) Informant: Ervin Henrich

(b) Address: 3901 Potomac St.

17. (a) Burial (b) Date thereof: 3 20 43

(c) Place: burial or cremation: New SS Peter & Paul

18. (a) Signature of funeral director: Acker-Heldesh... Co.

(b) Address: 3634 Gravois Avenue

19. (a) MAR 19 1948 (b) Registrar's signature: S.F. Predeck

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: March day: 16 year: 1943 hour: 11 minute: 40 A. M.

21. I hereby certify that I attended the deceased from April 18, 1942 to March 16, 1943 that I last saw him alive on March 16, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Coronary artery disease of coronary vessels of arteriosclerosis

Due to: Due to: Other conditions: (Include pregnancy within 3 months of death)!

Major findings: Of operations: Of autopsy:

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? (d) Did injury occur in or about home, on farm, in industrial place, in public place? Cem.

23. Signature: While at work? (Specify type of place) Means of injury: Address: 2548 S. Grand Date signed: 3/16/43

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.