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 APR 9 1943

Registration District No. 318

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 1003

State File No. 8766

Registrar's No. 3046

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: Lutheran 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: 000

(a) State Mo. (b) County 17 16

(c) City or town St. Louis 9
(If outside city or town limits, write "RURAL")

(d) Street No. 3342 Michigan Ave.
(If rural, give location)

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

If yes, name country 0

3. (a) PRINT FULL NAME Louise M. Schlosser (Siebert)

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed 2

6. (b) Name of husband or wife Late Jacob Schlosser

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

7. Birth date of deceased June (Month) 2nd (Day) 1872 (Year)

8. AGE:

Years	Months	Days	If less than one day
70	9	27	hr. min.

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

10. Usual occupation Housewife

11. Industry or business

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

MOTHER
14. Maiden name Emma Mauch
15. Birthplace Detroit (City, town, or county) Michigan 1 (State or foreign country)

16. (a) Informant Anthony J. Schlosser
(b) Address 3342 Michigan Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-1-43 (Month) (Day) (Year)
(c) Place: burial or cremation St. Paul's Churchyard

18. (a) Signature of funeral director Kriegshauser Mortuaries
(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAR 30 1943 (Date received local registrar) J. F. Bresset (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29th year 1943 hour 2:15 minute P.M.M.

21. I hereby certify that I attended the deceased from 3.18. 1943, to 3.29. 1943; that I last saw her alive on 3.29. 1943; and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Hemothorax left.	1 mo
Due to: metastatic hypernephroma left lung.	2 mo.
Due to: Hypernephroma rt Kidney	1 yr
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations 52
Of autopsy see above

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 —

Signature Eugene A Vogel (M. D. or other) MD

Address 3325 S Grand Date signed 3/30/43

(Licensed Embalmer's Statement on Reverse Side)

Dr E C Vogel Pr 0509
3325 So. Grand 2-4

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 Eleanor D. McDermott

Licensed Embalmer No. 3024

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.