

No. 2
5-42
5-17-39
I 11473

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11529

State File No. _____
Registrar's No. 586

FILED MAR 19 1943

Registration District No. 784 Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Koch
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Koch No. 1111
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 38.3 days
(Specify whether _____)

In this community Life
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town REVIEW GARDENS
(If outside city or town limits, write "RURAL")

(d) Street No. 237 Habeling Review Gardens
(If real, give location)

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

3. (a) PRINT FULL NAME ALMA SCHINDLER

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 10, year 1943 hour 8:55 minute A. M.

21. I hereby certify that I attended the deceased from 2-17, 1942 to 3-10, 1943; that I last saw her alive on 3-10, 1943; 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 Bernard Schindler 6. (c) Age of husband or wife if alive 42 years

7. Birth date of deceased April 22, 1901
(Month) (Day) (Year)

Immediate cause of death Pulmonary Tuberculosis Duration 13 yr (?)

Due to _____

Due to _____

Other conditions Intestinal Tuberculosis (?)
(Include pregnancy within 3 months of death)

8. AGE: Years 41 Months 10 Days 18 If less than one day _____ hr. _____ min.

9. Birthplace Franklin Co., Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER

12. Name Edwin Alexander

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

14. Maiden name Eola Emmons

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

16. (a) Informant Koch Hook Reads
(b) Address Koch, Mo.

17. (a) BURIAL (Burial, cremation, or removal) (b) Date thereof MARCH 13-1943
(Month) (Day) (Year)

(c) Place: burial or cremation NEW BETHLEHEM CEM.

18. (a) Signature of funeral director Fredrich FUNERAL HOME

(b) Address 8319 Holly Lane Rd.

19. (a) 3/11/43 (Date received local registrar) (b) B. J. McSavannah (Registrar's signature)

PHYSICIAN _____

Major findings: Of operations _____

Of autopsy Confirms above 13 yr

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? _____

While at work? _____ (Specify type of place) (e) Means of injury _____

Signature Bernard Friedman (M. D. or other) M.D.
Address Koch, Mo. Date signed 3-10-43

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

MAR 22 1943

C

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 W. W. Wilkinson
Licensed Embalmer No. 3572

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.