

1898/1

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

Registrar's No. 1136

FILED MAY 22 1943

Registration District No. 217

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
8475 Lackland
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. _____ (Specify whether
In this community. _____ (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Emma Hartig

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 Widowed

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

7. Birth date of deceased. Oct. 26 1863
(Month) (Day) (Year)

8. AGE: Years 79 Months 6 Days 17 If less than one day _____ hr. _____ min.

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

10. Usual occupation. Nil.

11. Industry or business _____

12. Name Joseph Schuerman

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

14. Maiden name Fredericka Magna

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

16. (a) Informant Walter Hartig

(b) Address 8475 Lackland Rd.

17. (a) Burial (b) Date thereof 5-17-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation. New St. Marcus

18. (a) Signature of funeral director. H. Schumacher

(b) Address 3013 Meramec St.

19. (a) MAY 15 1943 (b) C. N. McDevore
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. 8475 Lackland
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13
year 1943 hour 5 minute 10 P. M.

21. I hereby certify that I attended the deceased from May 10 to May 13
that I last saw h. alive on May 13 1943
and that death occurred on the date and hour stated above.

Immediate cause of death. Coronary Occlusion

Due to _____

Due to _____

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) (e) Means of injury. _____

23. Signature. R. Berg (M. D. or other) _____

Address 2203 Weber Date signed 5/14/43

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.....

Clarence Kochow

....., Registered Apprentice No.....

working under my personal supervision.

Signed..... *Clarence Kochow*

Licensed Embalmer No. *3093*

P.O. Address *3013 Metairie*

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.