

JUL 31 1943

313

Registration District No.

Primary Registration District No.

1003

Registrar's No.

6544

1. PLACE OF DEATH:

(a) County..... **St. Louis**
 (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
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution..... **23 day's**
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME **Mary Schlechte**

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..... **William F. Schlechte** 6. (c) Age of husband or wife if alive..... **64** years

7. Birth date of deceased **April 14, 1881**
 (Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
62 3 5 hr. min.

9. Birthplace **Madison County, Ill.**
 (City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business

12. Name **Henry J. Bettmann**
 13. Birthplace **Madison County, Ill.**
 (City, town, or county) (State or foreign country)

14. Maiden name **Margaret Schroder**
 (City, town, or county) (State or foreign country)

15. Birthplace **Madison County, Ill.**
 (City, town, or county) (State or foreign country)

16. (a) Informant **William F. Schlechte**
 (b) Address **4544 San Francisco Ave.**

17. (a) **Burial** (b) Date thereof **July 21, 1943**
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Laurel Hill Cemetery**

18. (a) Signature of funeral director **Paschedag Henke Funeral Home**
 (Specify type of place)

(b) Address **2825 N. Grand Blvd.**

19. (a) **JUL 20 1943** **J. F. Budock**
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County..... **St. Louis**
 (c) City or town..... **St. Louis**
 (If outside city or town limits, write "RURAL")
 (d) Street No. **4544 San Francisco Ave.**
 (If rural, give location)
 (e) Citizen of foreign country?..... (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **July** day **19**
 year **'43** hour **7:00** minute **a.** M.

21. I hereby certify that I attended the deceased from **April 6**
 19**37**, to **July 19, 1943**
 that I last saw her alive on **July 8**, 19**43**
 and that death occurred on the date and hour stated above.

Immediate cause of death..... **Myocardial failure** Duration **6 wks**
 Due to..... **Hypertensive heart disease** **7 years**

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?..... (City or town) (Country) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature..... **Rennbaum** (M. D. or other)
 While at work?..... (e) Means of injury.....
 Address **3651 Grand St** Date signed **7-19-43**

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.....

J. W. Wilkinson

Licensed Embalmer No.....

3575

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.