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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No.

FILED SEP 25 1943

Registration District No. 317 | Primary Registration District No. 3069 | Registrar's No. 1-027344-6

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

1. PLACE OF DEATH:
(a) County: St. Louis
(b) City or town: Richmond Heights, Mo. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: #59 Hanley Downs (If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution: 1 In this community: 77 yrs. 0 mo. 29 days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DEACESED:
(a) State: Missouri (b) County: St. Louis
(c) City or town: Richmond Heights (If outside city or town limits, write "RURAL")
(d) Street No.: 59 Hanley Downs (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No)
If yes, name country: 0

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3. (a) PRINT FULL NAME: Annie Schuster

3. (b) If veteran, name war: No

3. (c) Social Security No.: None

4. Sex: Female

5. Color or race: White

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

6. (b) Name of husband or wife: Andrew Schuster

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

7. Birth date of deceased: Aug 21 (Month) 0 (Day) 1865 (Year)

8. AGE: Years 77 | Months 0 | Days 29 | If less than one day: hr. min.

9. Birthplace: St. Louis (City, town, or county) 0 Missouri (State or foreign country)

10. Usual occupation: Housework

11. Industry or business:

MOTHER FATHER
12. Name: UNK. Bierman
13. Birthplace: UNK. (City, town, or county) 0 Missouri (State or foreign country)
14. Maiden name: UNKNOWN
15. Birthplace: St. Louis (City, town, or county) 0 Missouri (State or foreign country)

16. (a) Informant: Mrs Lottie Betz
(b) Address: 59 Hanley Downs Richmond Heights Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof: 9 22 43 (Month) (Day) (Year)
(c) Place: burial or cremation: Friedens Cemetery

18. (a) Signature of funeral director: Guedmeyer & Bond
(b) Address: 3934 N. 20th St.

19. (a) SEP 22 1943 (Date received by Registrar) (b) E. D. McHarry M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: Sept. day: 20 year: 1943 hour: 3 minute: 20 A.M.

21. I hereby certify that I attended the deceased from June 6, 1942, to Sept 19, 1943 that I last saw her alive on Sept 19, 1943 and that death occurred on the date and hour stated above.

Immediate cause of death: Myocarditis
With Cerebral Hemorrhage

Due to: Arteriosclerosis

Due to:

Other conditions: None
(Include pregnancy within 3 months of death)

Major findings:
Of operations: 0
Of autopsy:

Duration

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): No
(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: 0

Signature: Grace A. Moerkens (M. D. or other) M.D.
Address: 4032 W. Florissant Mo. Date signed: 9/20/43

(Licensed Embalmer's Statement on Reverse Side)

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 Alfred F. Boedeker

Licensed Embalmer No. 2663

P. O. Address 5934 Alpha

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.