

FILED DEC 18 1943

Registration District No. 31943

Primary Registration District No. 6076

Registrar's No. 2727

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Pine Lawn, Mo.
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
Mother of Good Counsel Home
(If not in hospital or institution, write street number or location)

(d) Length of stay: in hospital or institution 1 yr. 1 week
(Specify whether years, months or days)

In this community about 62 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 2526a W. University St
(If rural, give location)

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

3. (a) PRINT FULL NAME Franc es Schoettler

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 Charles Schoettler

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

7. Birth date of deceased 1 6 1862
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>81</u>	<u>11</u>	<u>1</u>	hr. <u> </u> min. <u> </u>

9. Birthplace Cincinnati Ohio
(City, town, or county) (State or foreign country)

10. Usual occupation nil

11. Industry or business

MOTHER FATHER {

12. Name Joseph Wahle

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

14. Maiden name unknown

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

16. (a) Informant Joseph A. C. Schoettler

(b) Address 2526a W. University St

17. (a) burial (Burial, cremation, or removal) Date thereof 12-10-1943
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director [Signature]

(b) Address 2228 St. Louis Ave

19. (a) DEC 10 1943 (b) E. G. McDevra, M. D.
(Date received locally) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 7
year 1943 hour 4 minute 40 A.M.

21. I hereby certify that I attended the deceased from time of entering home, 19 42 to Dec-4th- 19 43
that I last saw her alive on 12/4/1943

and that death occurred on the date and hour stated above,
Immediate cause of death Chr- Cardio Vascular
Cerebral apoplexy Rt side- above

Due to stated: on entering home. Sec: Intestinal obstruction with vomiting

Due to Myo-cardial failure

Other conditions Hypo-static-pneumonia
(Include pregnancy within 3 months of death)
All extreme senile type

Major findings:
Of operations Died in the Home Of the Incur- able.
Of autopsy 131a

Duration

3 Wk.

3-Da

3-Da

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) Illness.

(b) Date of occurrence As stated.

(c) Where did injury occur? As stated
(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 3

23. Signature [Signature] (M. D. or other) 3
Address 3715-Jennings Road. Date signed

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

96
1
6

JAN 24 1944

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 Marie A. Cashion
Licensed Embalmer No. 3949
P. O. Address St. Louis Mo

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.