

FILED MAR 13 1944 318

Registration District No. 1003

State File No.

Registrar's No. 2205

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
City Infirmary
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 21 days
(Specify whether
In this community life
years, months or days)

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. 4463 Arco Ave. (If rural, give location)
(e) Citizen of foreign country? American (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minnie Schine

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced widow
6. (b) Name of husband or wife Late Francis Schine 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct. 12, 1861
(Month) (Day) (Year)

8. AGE: Years 82 Months 4 Days 21 If less than one day hr. _____ min. _____

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry Bruns
13. Birthplace unknown Europe 4
(City, town, or county) (State or foreign country)
14. Maiden name Minnie Pohlman
15. Birthplace unknown Europe 4
(City, town, or county) (State or foreign country)

16. (a) Informant C. Hannon

(b) Address 5800 Arsenal St.

17. (a) Burial (b) Date thereof 3-7-44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Kriegshauser Mortuaries

(b) Address 4228 So. Kingshighway Blvd.

19. (a) MAD (b) J. J. Brudeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th
year 1944 hour _____ minute 11:55 a.m.

21. I hereby certify that I attended the deceased from Feb. 12, 1944
19____ to Mar. 4, 1944 19____
that I last saw her alive on Mar. 4, 1944 19____
and that death occurred on the date and hour stated above.

Immediate cause of death left ventricular failure Duration 12h.

Due to arteriosclerotic heart disease 6 months

Due to cerebral sclerosis several years

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____ Of autopsy none
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) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? no (Specify type of place) (Means of injury) _____
23. Signature G. W. Kautz (M. D. or other) M.D.
Address 5800 Arsenal Street Date signed 3/4/44

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

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 *Edwin D. McAlmatt*

Licensed Embalmer No. *3024*

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.