

FILED MAR 6 1944
Registration District No. **818**

Primary Registration District No. **1003**

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

1. PLACE OF DEATH:

(a) County _____

(b) City or town St. Louis, Missouri.
(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 11 Mo., 8 days.
(Specify whether)

In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED: **000**

(a) State Missouri (b) County 17

(c) City or town St. Louis. **96**
(If outside city or town limits, write "RURAL")

(d) Street No. 5220 Highland
(If rural, give location)

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

3. (a) PRINT FULL NAME Marie Schroeder.

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 25,
year 1944 hour 8:47 minute _____ P.M.

21. I hereby certify that I attended the deceased from March 17
1943 to February 25, 1944
that I last saw h. or alive on February 25, 1944
and that death occurred on the date and hour stated above.

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Widow

6. (b) Name of husband or wife _____

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

7. Birth date of deceased: May 11 1872
(Month) (Day) (Year)

Immediate cause of death: decompensated myocarditis with

Due to: arteriosclerosis of 20-25 years

Due to: _____

Other conditions: asthma bronchiale several years

8. AGE: Years Months Days If less than one day

71 9 14 _____ hr. _____ min.

9. Birthplace: Alsace, Lorraine. 8
(City, town, or county) (State or foreign country)

10. Usual occupation: None

11. Industry or business: ?

Major findings: none

Of operations: _____

Of autopsy: none

PHYSICIAN: _____

Underline the cause to which death should be charged statistically.

MOTHER FATHER {

12. Name: Anthony Huck

13. Birthplace: Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name: Sophie Gerber

15. Birthplace: Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant: Tomnie Green

(b) Address: 5800 Arsenal

17. (a) Burial (b) Date thereof: Feb. 28, 1944
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation: Calvary Cemetery

18. (a) Signature of funeral director: Bromschwig Und. Co.

(b) Address: 4746 West Florissant Ave.

19. (a) FEB 27 1944 (b) J.F. Bredsch
(Date received local registrar) (Registrar's signature)

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: H. H. H. H. H. (M. D. or other) M.D.

Address: 5800 Arsenal Street Date signed: 2/26/44

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 *John Gowroski*
Licensed Embalmer No. *3398*

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.