

FILED MAY 20 1944 818

Primary Registration District No. 1003

Registrar's No. 2445

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:
St. Louis City Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 3 days
(Specify whether
In this community 3 DAYS
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County 74
(c) City or town GIDEON NR.
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country? / (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME ELMER SCHUERGER

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

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED
6. (b) Name of husband or wife DELLA SCHUERGER 6. (c) Age of husband or wife if alive 44 years
7. Birth date of deceased NOV 7 1898
(Month) (Day) (Year)

8. AGE: Years 45 Months 5 Days 6 If less than one day hr. min.

9. Birthplace NEW ATHENS ILLINOIS
(City, town, or county) (State or foreign country)

10. Usual occupation LABOR

11. Industry or business DAIRY

12. Name GEORGE SCHUERGER

13. Birthplace NEW ATHENS ILL
(City, town, or county) (State or foreign country)

14. Maiden name CHRISTAIN A GAIN

15. Birthplace SMITHON ILL
(City, town, or county) (State or foreign country)

16. (a) Informant DELLA SCHUERGER

(b) Address 2214 1/2 BENTON ST

17. (a) REMOVAL (b) Date thereof.....
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation POPLAR BLUFF MO

18. (a) Signature of funeral director RUSSELL FUNERAL HOME

(b) Address PIGGOT ARK

19. (a) MAY 13 1944 J. J. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 13th
year 1944 hour 4 minute 20 A.M.

21. I hereby certify that I attended the deceased from May 10th
1944 to May 13th 1944.

that I last saw him alive on May 13th 1944
and that death occurred on the date and hour stated above.

Immediate cause of death.....

Myocardial infarct

Due to.....

Due to..... OH

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

Major findings:
Of operations.....

Of autopsy Refused

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 Franklin (M.D. or other) 5/13/44
Address 1515 Lafayette Date signed.....

Duration

PHYSICIAN

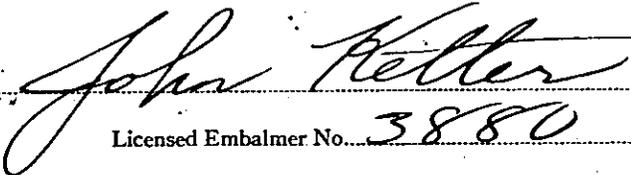
Underline the cause to which death should be charged statistically.

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..... 
Licensed Embalmer No. 3880

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.