

No. 2  
-5-43  
-17-39  
X36671

FILED JUN 1 1944

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 4622

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(c) Name of hospital or institution:  
4754 Eichelberger Ave.  
(d) Length of stay: In hospital or institution life  
In this community life

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County XX  
(c) City or town St. Louis  
(d) Street No. 4754 Eichelberger Ave.  
(e) Citizen of foreign country? no

3. (a) PRINT FULL NAME Martha Schuler

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 Widowed  
6. (b) Name of husband or wife Frank J. Schuler 6. (c) Age of husband or wife if alive XX years  
7. Birth date of deceased March 16 1871

8. AGE: Years 73 Months 2 Days 0

9. Birthplace Washington Missouri

10. Usual occupation at home

11. Industry or business

12. Name William Kettinger  
13. Birthplace St. Genevieve Missouri  
14. Maiden name Marie Lehr  
15. Birthplace Philadelphia Pennsylvania

16. (a) Informant August J. F. Schuler  
(b) Address 4754 Eichelberger Ave.

17. (a) Burial (b) Date thereof 5/19/44  
(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director John L. Ziegenhein & Sons  
(b) Address 7027 Gravois Ave.

19. (a) MAY 19 1944 (b) J. F. Bondeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 16th year 1944 hour 4:30 minute P M.

21. I hereby certify that I attended the deceased from 1936 to May 16, 1944 that I last saw h. alive on May 16, 1944 and that death occurred on the date and hour stated above.

Immediate cause of death: Cerebral hemorrhage  
Due to: Hypertension  
Due to: Arterio Sclerosis  
Other conditions: Cordis hypertro

Major findings: Of operations: 1/2/2  
Of autopsy: 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?  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

23. Signature Ann Krael (M. D. or other) Date signed 5/27/44  
Address 2416 7/2

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

MOTHER FATHER

**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.....

*E. P. Kidwell*

Licensed Embalmer No. *3877*

P. O. Address *7027 Gravois*

**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.**