

LED AUG 21 1944
Registration District No. 318

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.
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
St. Anthony Hospital, O
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 2 Weeks,
 (Specify whether
 In this community.....
 years, months or days)

3. (a) PRINT FULL NAME Adele Schuler,
 3. (b) If veteran, name war.....
 3. (c) Social Security No. 494-07-5527

4. Sex Female, 5. Color or race White, 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Barth 6. (c) Age of husband or wife if alive 45 years
 7. Birth date of deceased September 23, 1898
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	45	10	16	hr. min.

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

10. Usual occupation Cementer,
St. Louis Bolt Co.

11. Industry or business.....
 12. Name Charles Bomerschein,
 13. Birthplace Pinckneyville, Illinois, /
 (City, town, or county) (State or foreign country)
 14. Maiden name Adele Kierath,
 15. Birthplace St. Louis, Missouri, O
 (City, town, or county) (State or foreign country)

16. (a) Informant Barth Schuler,
 (b) Address 9814 So. Broadway,

17. (a) Burial, (b) Date thereof 8/12/44
 (Burial, cremation, or removal) (Month) (Day) (Year)
 (c) Place: burial or cremation Mt. Hope Cemetery,

18. (a) Signature of funeral director Gebken-Benz Mortuary,
2842 Meramec St.,
 (b) Address

19. (a) AUG 11 1944 (b) J. F. Buddeck
 (Date received local registrar) (Registrar's signature) O

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri, (b) County St. Louis,
 (c) City or town St. Louis,
 (If outside city or town limits, write "RURAL")
 (d) Street No. 9814 So. Broadway, NR
 (If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 9th
 year 1944 hour 2: minute 12 P. M.

21. I hereby certify that I attended the deceased from
July 5, 1944, to August 9, 1944.
 that I last saw her alive on Aug. 9, 1944,
 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Cholangitis
 Duration 1 mon

Due to Cholecystitis and Cholelithiasis
 Due to Cirrhosis of Liver
Chronis Nephritis

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

Major findings: Gall stones;
Cirrhosis of Liver
 Of autopsy.....

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?..... (Specify type of place)
 Means of injury.....
 23. Signature A. W. Peters (M. D. or M. P. D.)
 Address 4145 S. Grand B. vd. Date signed 8/11

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed Joe S. Benz

Licensed Embalmer No. 4249

2842 Meramec St.,

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.