

FILED SEP 20 1944
Registration District No. 518

Primary Registration District No. 1003

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
3955 Connecticut St
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether)
In this community 3 3/4 YRS
years, months or days)

3. (a) PRINT FULL NAME BARBARA SCHLATTER

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife RUDOLF 6. (c) Age of husband or wife if alive 65 years

7. Birth date of deceased NOV 7 1881
(Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 19 If less than one day hr. min.

9. Birthplace SWITZERLAND (City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business AT HOME

12. Name UNKNOWN STAUBLI

13. Birthplace SWITZERLAND (City, town, or county) (State or foreign country)

14. Maiden name UNKNOWN KEUSCH

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

16. (a) Informant RUDOLF SCHLATTER

(b) Address 3955 CONNECTICUT

17. (a) BURIAL (b) Date thereof 8 29 44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUNSET BURIAL PARK

18. (a) Signature of funeral director KRIEGER HANJER

(b) Address 4228 So Kings Highway

19. (a) AUG 28 1944 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____
(c) City or town ST. LOUIS MO
(If outside city or town limits, write "RURAL")
(d) Street No. 3955 CONNECTICUT ST
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug day 26
year 1944 hour 7:30 PM minute _____ M.

21. I hereby certify that I attended the deceased from 2105
3 1940, to aug 26 1944
that I last saw her alive on aug 20 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Carcinoma of Breast Duration 14-9-10

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

Major findings:
Of operations _____
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? _____

(Specify type of place) _____
(e) Means of injury _____
23. Signature [Signature] (M. D. or other) _____
Address 2924 S. Grand Date signed 8/28/44

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

MOTHER FATHER

ALSO SEE PAGE 3

Mr. Egan

*2924 E. Broad
1-2*

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 *Eduard M. Bernatt*.....

Licensed Embalmer No. *3004*.....

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.