

No. 2
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5-17-39
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THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

741
State File No. _____
779
Registrar's No. _____

FILED JAN 31 1945 818
Registration District No. _____

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:
City Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 1/2 day (Specify whether
In this community 63 years (Specify whether
years, months or days)

3. (a) PRINT FULL NAME Henry Schueler

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 Marie Schueler 6. (c) Age of husband or wife if alive 79 years

7. Birth date of deceased March 20, 1864
(Month) (Day) (Year)

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

80	10	4	hr.	min.
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9. Birthplace Kassel, Germany
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Baker

11. Industry or business Baking

MOTHER FATHER { 12. Name Jacob Schueler

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

14. Maiden name Martha List

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

16. (a) Informant Mrs. Marie Schueler

(b) Address 3407 Winnebago

17. (a) Burial (b) Date thereof Jan. 26, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director Beiderwieden F. H., Inc.

(b) Address 1836 St. Louis Avenue

19. (a) JAN 25 1945 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____

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

(d) Street No. 3407 Winnebago
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month January day 24,
year 1945 hour 7 minute 10 A. M.

21. I hereby certify that I attended the deceased from
Jan. 8th, 1945, to Jan 22nd, 1945;
that I last saw him alive on Jan 22 1945, 19____;
and that death occurred on the date and hour stated above.

Immediate cause of death _____

Cardiovascular sclerosis.

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) _____
While at work? _____ (c) Means of injury _____

23. Signature D. J. Schueler (M. D. or other) _____
Address 3407 Winnebago St Date signed 1/27/45

Dr. Heereman
3108 Chipewau

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. 3497

P. O. Address 1936 St. Louis

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.