

Registration District No. 318 Primary Registration District No. 1003

1. PLACE OF DEATH:
(a) County St. Louis
(b) City or town St. Louis
(c) Name of hospital or institution De Paul Hospital
(d) Length of stay: In hospital or institution 2 weeks
In this community 68 years

2. USUAL RESIDENCE OF DECEASED:
(a) State Missouri (b) County 010
(c) City or town St. Louis 17
(d) Street No. 2249a Warren St. 9 20
(e) Citizen of foreign country? (Yes or No)
If yes, name country 1)

3. (a) PRINT FULL NAME Mrs. Mary Schlef
3. (b) If veteran, name war none
3. (c) Social Security No. none

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month February day 28th.
year 1945 hour 6:50 minute AM.

4. Sex female 5. Color of race white
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife late Henry Schlef
6. (c) Age of husband or wife if alive 8th. 1876
7. Birth date of deceased May 8th. 1876

21. I hereby certify that I attended the deceased from November 1944 to Feb. 28, 1945
that I last saw him alive on Feb. 28, 1945
and that death occurred on the date and hour stated above.

8. AGE: 68 Years 9 Months 20 Days
If less than one day hr. min.

Immediate cause of death Carcinoma of stomach 3ma.

9. Birthplace Mo
10. Usual occupation Housework
11. Industry or business

Duration
Due to
Due to
Other conditions
Major findings:
Of operations
Of autopsy

MOTHER FATHER
12. Name Fredericka Feuchter
13. Birthplace Germany
14. Maiden name Anna Vossbrink
15. Birthplace Germany

PHYSICIAN
Underline the cause to which death should be charged statistically.

16. (a) Informant Walter M. Heye
(b) Address 2251 Warren St.
17. (a) Burial (b) Date thereof 3-3-45
(c) Place: burial or cremation Memorial Park Cem
18. (a) Signature of funeral director Hy. Leidner U. Co.
(b) Address 2223 St. Louis Ave.
19. (a) MAR 1 1945 (b) Registered

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 Date signed

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

John P. Buchholz

Licensed Embalmer No. *1674*

P. O. Address. *7723 St. Louis Ave*

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.