

FILED MAR 9 1945
318

Registration District No.

Primary Registration District No.

1003

Registrar's No. 1804

1. PLACE OF DEATH:

(a) County ST. LOUIS MO
(b) City or town ST. LOUIS
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution
1406 BENTON STR. (REAR)
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution
LIFE (Specify whether
In this community
years, months or days)

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. 1406 BENTON STR. (REAR)
(If rural, give location)
(e) Citizen of foreign country? 0 (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME JULIA Z. SCHOCK

3. (b) If veteran, name war NONE
3. (c) Social Security No. NONE

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

6. (b) Name of husband or wife WILLIAM H. SCHOCK
6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased SEPT. 12TH 1880
(Month) (Day) (Year)

8. AGE: Years 64 Months 5 Days 10
If less than one day
— hr. — min.

9. Birthplace ST. LOUIS MO.
(City, town, or county) (State or foreign country)

10. Usual occupation HOUSE WORK

11. Industry or business AT HOME

12. Name GEORGE DUVALL

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

14. Maiden name ANN KELLY.
(City, town, or county) (State or foreign country)

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

16. (a) Informant William H Schock
(b) Address 1406 Benton St Rpt

17. (a) BURIAL (b) Date thereof FEB 24-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation CALVARY CEM. Brookland and Co
(d) Signature of funeral director 1827 HOGAN STR.
(e) Address

19. (a) FEB 23 1945 (b) [Signature]
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month FEB. day 22ND
year 1945 hour 7:30 minute A. M.

21. I hereby certify that I attended the deceased from Oct 25 1944 to Feb. 22 1945
that I last saw her alive on Feb 10 1945
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary sclerosis
Duration not known

Due to _____
Due to _____

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

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? _____ (e) Means of injury _____

23. Signature George Mueller (M. D. or other) _____
Address 2504 N. 14 Date signed Feb 24

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.....

John Gyonoski

Licensed Embalmer No.....

3398

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.