

S. No. 2  
DOM-2-43  
v. 5-17-39  
X 35597

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 11742

FILED MAY 12 1945

318

Primary Registration District No. 1003

Registrar's No. 3888

1. PLACE OF DEATH:

(a) County ST. LOUIS  
(b) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
GOOD SAMARITAN HOME - 4500 WASHINGTON BLVD.  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 11 YRS.  
In this community ? years, months or days (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000  
(c) City or town ST. LOUIS  
(If outside city or town limits, write "RURAL") 17  
(d) Street No. 4500 WASHINGTON BLVD.  
(If rural, give location) 0  
(e) Citizen of foreign country? No (Yes or No) 0  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME MARIE SCHICKTANZ

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

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced. 2 WIDOWED

6. (b) Name of husband or wife ALVIN H. SCHICKTANZ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased DECEMBER 1, 1858  
(Month) (Day) (Year)

8. AGE: Years 86 Months 4 Days 27 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

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

10. Usual occupation NONE

11. Industry or business \_\_\_\_\_

12. Name ANDREAS LAASS

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

14. Maiden name ELIZABETH LAASS

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

16. (a) Informant REV. J. H. OVERBEC

(b) Address 4500 WASHINGTON BLVD.

17. (a) BURIAL (b) Date thereof APR. 30, 1945  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation SUNSETS BURIAL PARK

18. (a) Signature of funeral director ALVIN F. FEUTZ

(b) Address 4828 NATURAL BRIDGE BLVD

19. (a) DRAY 1 (b) J. F. Beraman  
(Date funeral local registration) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month APRIL day 28,  
year 1945 hour 7:50 minute 0 M.

21. I hereby certify that I attended the deceased from 7-26  
7 1945 to April 28 1945  
that I last saw her alive on April 24 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death arteriosclerosis.

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Bronchial asthma.  
(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? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury 0

23. Signature J. F. Beraman (M. D. or other) M.D.  
Address 372 D Washington Date signed 4/28/45

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

06  
17  
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**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 A. Mlanar

Licensed Embalmer No. 4186

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.**