

FILED NOV 18 1945

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 9613

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:  
4410 N. Broadway /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution..... None  
(Specify whether)

In this community.....  
years, months or days

3. (a) PRINT FULL NAME Elizabeth R. Schlager

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 Widow

6. (b) Name of husband or wife..... August Schlager

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

7. Birth date of deceased..... August 12, 1871  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>74</u>	<u>2</u>	<u>22</u>	hr. <u>      </u> min.

9. Birthplace..... St. Louis Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation..... At home.

11. Industry or business.....

12. Name..... Philip Fritz

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

14. Maiden name..... Margaret Kreiger

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

16. (a) Informant..... Dr. Edna Ottersback

(b) Address..... 4410 N. Broadway

17. (a) Burial (Burial, cremation or removal) (b) Date thereof..... 11/7/45  
(Month) (Day) (Year)

(c) Place: burial or cremation..... Friedens Cemetery

18. (a) Signature of funeral director..... Math Hermann & Son

(b) Address..... 2161 East Fair Ave

19. (a) NOV 6 1945 (b) [Signature]  
(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..... 4410 N. Broadway  
(If rural, give location)

(e) Citizen of foreign country?..... (Yes or No) 0  
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 4th  
year 1945 hour 10:20 AM minute        Y.

21. I hereby certify that I attended the deceased from Sept. 1  
1945 to Nov. 14 1945  
that I last saw h..... live on Nov. 1 1945  
and that death occurred on the date and hour stated above.

Immediate cause of death.....  
Cerebral Hemorrhage

Due to.....

Due to.....

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

Major findings:  
Of operations.....

Of autopsy.....

Duration

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.....

23. Signature..... [Signature] (M. D. or other).....  
Address..... 736-70 70 St. Louis Date signed 11/5/45

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

20  
17  
9

**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

*Gustav W. Dittale*

Licensed Embalmer No.

*4329*

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.**