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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 7918

FILED MAR 6 1946

Registration District No. 818 Primary Registration District No. 1003 Registrar's No. 1821

1. PLACE OF DEATH:

(a) County

(b) City or town St Louis Missouri. (If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Alexian Bros Hospital. (If not in hospital or institution, write street number or location) 0

(d) Length of stay: In hospital or institution (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County aaa

(c) City or town St Louis. (If outside city or town limits, write "RURAL") 23/7

(d) Street No. 1726a S 7th Str. (If rural, give location) 9

(e) Citizen of foreign country? No (Yes or No)

If yes, name country

3. (a) PRINT FULL NAME Stefan Schuster

3. (b) If veteran, name war NO

3. (c) Social Security No.

4. Sex Male

5. Color or race White

6. (a) Single, widowed, married, divorced Widowed

6. (b) Name of husband or wife Elizabeth

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

7. Birth date of deceased August (Month) 20 (Day) 1875 (Year)

8. AGE: Years 70 Months 6 Days 1 If less than one day hr. min.

9. Birthplace Austria Hungary (City, town, or county) 4 (State or foreign country)

10. Usual occupation Labor

11. Industry or business

FATHER
12. Name UNknown
13. Birthplace Unknown (City, town, or county) 4 (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) 0 (State or foreign country)

16. (a) Informant Anna Furi

(b) Address 4741 Stone Av.

17. (a) BUrial (Burial, cremation, or removal) (b) Date thereof 2/25/46 (Month) (Day) (Year)

(c) Place: burial or cremation Sunset Burial Park

18. (a) Signature of funeral director Wm E Mondell

(b) Address 1926 Allen Av.

19. (a) FEB 24 1946 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Feb day 21 year 1946 hour 7.15 minute P M.

21. I hereby certify that I attended the deceased from Feb. 1st, 1946, to Feb. 21, 1946, that I last saw him alive on Feb. 21st, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Obstruction of transverse colon at hepatic flexure

Due to Annular Carcinoma of transverse colon

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Annular (Annular) carcinoma of transverse colon with complete obstruction

Of autopsy Annular (Annular) carcinoma of transverse colon with obstruction

Duration about 4 weeks about 1 year

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 0

23. Signature [signature] (M. D. or other) MD

Address 3606 Thames Date signed 2/23/46

(Licensed Embalmer's Statement on Reverse Side)

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 Benj. C. Duncan

Licensed Embalmer No. 2272

P. O. Address 1924 Allen

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.