

FILED APR 7 1946

Registration District No. 377

Primary Registration District No. 3063

Registrar's No. 740

1. PLACE OF DEATH:

- (a) County St. Louis
 (b) City or town Clayton
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution St. Louis Co. Hospital
 (If not in hospital or institution, write street number and location) DOA
 (d) Length of stay: In hospital or institution _____
 (Specify whether years, months or days)

3. (a) PRINT FULL NAME MARY MAECHLER

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 MARRIED
 6. (b) Name of husband or wife Aloyius
 6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased Sept. 14, 1892
 (Month) (Day) (Year)8. AGE: 53 Years 6 Months 13 Days If less than one day
 hr. min.9. Birthplace St. Louis County Mo.
 (City, town, or county) (State or foreign country)10. Usual occupation Housewife

11. Industry or business

12. Name Louis Schade
 13. Birthplace St. Louis County Mo.
 (City, town, or county) (State or foreign country)
 14. Maiden name Martha Stewart
 15. Birthplace St. Louis County Mo.
 (City, town, or county) (State or foreign country)

16. (a) Informant Aloyius Maechler(b) Address 2913 Endicott Ave.17. (a) Burial (b) Date thereof Mar. 30, 1946
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation St. Peters Cem. Kirkwood18. (a) Signature of funeral director Jay B. Smith(b) Address 7456 Manchester Ave. Maplewood, Mo19. (a) 3-29-46 (b) C. M. Swanson
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County St. Louis
 (c) City or town Overland
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2913 Endicott Ave
 (If rural, give location)
 (e) Citizen of foreign country? No. (Yes or No)
 If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 27
 year 1946 hour 5 minute P. M.21. I hereby certify that I attended the deceased from Death without
medical attendance, to _____, 19____;
 that I last saw him alive on _____, 19____;
 and that death occurred on the date and hour stated above.Immediate cause of death Unknown Duration _____

Due to _____

Due to _____

Other conditions _____
 (Include pregnancy within 3 months of death)Major findings:
 Of operations _____
 Of autopsy No 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 E. M. Swanson M.D.
 Address 601 Brentwood Blvd. Date signed 3/29/46

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 3454

....., Registered Apprentice No.
working under my personal supervision.

Signed David C. Gibson

Licensed Embalmer No. 3454

P. O. Address 7456 Manchester

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.)

21013 **If this body is not embalmed, fact should be so stated above.**