

3. No. 2  
-12-45  
5-17-39  
I, X47070

FILED SEP 24 1946

Registration District No. 317

Primary Registration District No. 3063

Registrar's No. 1866

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Clayton

(c) Name of hospital or institution: St. Louis County Hospital  
(If outside city or town limits, write "RURAL" and name of township)

(d) Length of stay: In hospital or institution 20 min.  
(Specify whether years, months or days) 40 years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 9/6

(c) City or town Wellston  
(If outside city or town limits, write "RURAL")

(d) Street No. 2128 Erlson  
(If rural, give location)

(e) Citizen of foreign country? No  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Schanz Laura R.

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 9 day 6  
year 1946 hour 9 minute 20 AM

21. I hereby certify that I attended the deceased from 9-6-46  
6 1946 to 9-6-46 1946  
that I last saw her alive on 9-6-46 1946  
and that death occurred on the date and hour stated above.

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Harry Schanz

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

7. Birth date of deceased 4 2 1896  
(Month) (Day) (Year)

Immediate cause of death Atherosclerotic heart disease - Coronary artery

Due to 93-a

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

8. AGE: Years Months Days If less than one day

70 5 4 hr. \_\_\_\_\_ min.

Other conditions probable uremia  
(Include pregnancy within 3 months of death)

9. Birthplace Florissant Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation none Retired

Major findings: \_\_\_\_\_

Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

11. Industry or business none

12. Name Ambrose Sargme

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

14. Maiden name Auberson

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

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? \_\_\_\_\_

16. (a) Informant Son - Ernest P. Kaucher

(b) Address ER Kaucher - unknown

17. (a) Burial (b) Date thereof Sept. 10/46  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Ferdinand Cem.

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

Signature John C. Kaye (M. D. \_\_\_\_\_)

Address 661 So. Dunbar Date signed 9/6/46

18. (a) Signature of funeral director Jos. W. Clark

(b) Address 1125 Hodiament Ave.

19. (a) 9-11-46 (b) Ruth J. Reinking  
(Date received local registrar) (Registrar's signature)

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

MOTHER FATHER

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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 *Alfred J. Boedeker*  
Licensed Embalmer No. *2663*  
P. O. Address *5934 Alpha*

**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.**