S. No. 2
—12-45
5-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

31466

State File No. 0

FILED SEP 30 1946

Registration District No. ____ Primary Registration District No. 6076 Registrar's No. 1945

1. PLACE OF DEATH:

(a) County St. Louis

(b) City or town Des Peres
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Manchester Road 3
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 7 days (Specify whether

In this community ____ years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town rural 0
(If outside city or town limits, write "RURAL")

(d) Street No. McKelvey & Dorsett Rds. 0
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No) 0

If yes, name country ____

3. (a) PRINT FULL NAME Emma Louise Schattyn

3. (b) If veteran, name war NO

3. (c) Social Security No. NO

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced M 1

6. (b) Name of husband or wife John M

6. (c) Age of husband or wife if alive 76 years

7. Birth date of deceased July (Month) 24 (Day) 1876 (Year)

8. AGE: Years 70 Months 1 Days 23 If less than one day ____ hr. ____ min.

9. Birthplace Sebastopol (City, town, or county) Ill 1 (State or foreign country)

10. Usual occupation Housewife

11. Industry or business ____

FATHER
12. Name John Casper Luchsinger
13. Birthplace ____ (City, town, or county) Switzerland 5 (State or foreign country)

MOTHER
14. Maiden name Alvina Walther
15. Birthplace ____ (City, town, or county) Switzerland 5 (State or foreign country)

16. (a) Informant John M. Schattyn

(b) Address Robertson, Mo. R#1

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9-18-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Lake Charles Park

18. (a) Signature of funeral director Baumann Bros Inc

(b) Address 2504 Woodson Rd - Overland, Mo.

19. (a) 9-18-46 (Date received local registrar) (b) Ruth Lallen (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Sept. day 16 year 1946 hour 1 minute 45 A M.

21. I hereby certify that I attended the deceased from June 1, 1941, to Sept 15, 1946 that I last saw her alive on Sept 15, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Myocarditis

Due to Embolism

Due to 93 D

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

Major findings:
Of operations none
Of autopsy none

Duration: 5 yrs.

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 Martyn Schattyn (M. D. or other)

Address 505 Humboldt Bldg. Date signed Sept 16/46

(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. Gustave R. Baumann

Licensed Embalmer No. 2315

P. O. Address. Overland, 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.