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

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED MAR 14 1947

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

State File No. 6909

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2305

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Lutheran Hospital 0

(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 24 days (Specify whether

In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0 0 0

(c) City or town St. Louis (If outside city or town limits, write "RURAL") 16 17

(d) Street No. 2710 So. Grand Blvd. (If rural, give location) 9 0

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

If yes, name country

3. (a) PRINT FULL NAME Helene M. Schery

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 Single 0

6. (b) Name of husband or wife Single

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

7. Birth date of deceased February (Month) 29, (Day) 1876 (Year)

8. AGE: Years 71 Months 0 Days 5 If less than one day hr. min.

9. Birthplace St. Louis, Missouri 0 (City, town, or county) (State or foreign country)

10. Usual occupation Retired School Teacher

11. Industry or business St. Louis Board of Education

FATHER
12. Name William Schery
13. Birthplace Czechoslovakia 4 (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Mary Svec
15. Birthplace Czechoslovakia 6 (City, town, or county) (State or foreign country)

16. (a) Informant W. R. Schery

(b) Address 3606 Gravois Avenue

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof March 7, 1947 (Month) (Day) (Year)

(c) Place: burial or cremation Valhalla Cemetery

18. (a) Signature of funeral director Wm. J. Robert L. & U. Co.

(b) Address 1905 So. Grand Blvd.

19. (a) MAR 6 1947 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4 year 1947 hour 4 minute P. M.

21. I hereby certify that I attended the deceased from Sept 1945 to March 4, 1947 that I last saw her alive on March 4, 1947 and that death occurred on the date and hour stated above.

Immediate cause of death Memes

Due to arteriosclerotic Kidney

Due to Hypertension and Hypertensive heart disease

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy as above

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? 0 (Specify type of place)

While at work? (e) Means of injury

23. Signature S. H. Maizus (M. D. or other)

Address 3606 Gravois Ave Date signed 3-5-47

(Licensed Embalmer's Statement on Reverse Side) DR S.H. MAIZUS 3606 GRAVOIS

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 John Ketter

Licensed Embalmer No. 3880

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.