No. 2
12-45
-17-39
X47070

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED FEB 17 1947

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 6930

Registration District No. 318 — Primary Registration District No. 1003 — Registrar's No. 1317

1. PLACE OF DEATH:

(a) County
(b) City or town St. Louis Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
5408 Brannon
(If not in hospital or institution, write street number or location)
(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
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 5408 Brannon
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Fredolin J. Schuler

3. (b) If veteran, name war No

3. (c) Social Security No.

4. Sex Male (1)

5. Color or White

6. (a) Single, widowed, married, divorced Wid. 2

6. (b) Name of husband or wife

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

7. Birth date of deceased 3-23-1868 (Month) (Day) (Year)

8. AGE: Years 78 Months 10 Days ~~15~~ 14 If less than one day hr. min.

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

10. Usual occupation Costodian

11. Industry or business

MOTHER FATHER

12. Name Jacob Schuler

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

14. Maiden name Mary Eisenbeis

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

16. (a) Informant Roralie Schuler
(b) Address 5408 Brannon

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 2-10-47 (Month) (Day) (Year)
(c) Place: burial or cremation New S. S. Peter&Paul Cem

18. (a) Signature of funeral director Wingbermuehle Funeral Home
(b) Address 3819 S. Grand

19. (a) FEB 8 1947 (b) J. F. Bredeck
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 2nd day 7th year 1947 hour 2 P. M. minute M.

21. I hereby certify that I attended the deceased from Feb 1 1947 to Feb 7 1947 that I last saw him alive on Feb 7 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Coronary Thrombosis	6 days
Due to: Chr. hypertension	1 year
Due to:	
Other conditions (Include pregnancy within 3 months of death):	
Major findings: Of operations:	
Of 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 Oscar M. Lanee (M. D. or other) MD
Address 6006 Cameron Date signed 2/7/47

(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 J. Allen Davis Jr.

Licensed Embalmer No. 4055

P. O. Address St. Louis

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.