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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11513

FILED MAR 24 1947

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 2388

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
City Hospital #1. Max C. Starkloff Mem.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 10 hrs
(Specify whether years, months or days)

In this community 41 yrs
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

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

(d) Street No. 1721 South Eighth Street
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME ANNA LOUISE SCHUELY

3. (b) If veteran, name war Nil

3. (c) Social Security No. none

4. Sex F 5. Color or race W

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

6. (b) Name of husband or wife Charles

6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased September 1, 1895
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>51</u>	<u>6</u>	<u>3</u>	hr. <u>1</u> min.

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

10. Usual occupation Housewife
At home

11. Industry or business _____

12. Name Adam Wild

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

14. Maiden name Unknown

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

16. (a) Informant Charles Shuely

(b) Address 1721 South Eighth Street

17. (a) Burial (b) Date thereof 3-8-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New St. Marcus Cemetery

18. (a) Signature of funeral director: A.W. McLaughlin

(b) Address 201 Lafayette Avenue

19. (a) Mar 8 1947 (b) _____
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 4th
year 1947 hour 8 minute 30 P M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;

that I last saw h_____ alive on _____, 19____;

and that death occurred on the date and hour stated above.

Immediate cause of death _____

Diabetes

Due to _____

Due to _____

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

Major findings: _____

• Of operations _____

Of autopsy _____

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? _____

While at work? _____
(Specify type of place) (e) Means of injury 3

23. Signature: Dr. Alfred J. Perry (M. D. or other) _____

Address: Deputy Coroner Date signed 3-7-47

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

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

MOTHER FATHER

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 *R W Cooper*

Licensed Embalmer No. 3830

P. O. Address 301 Lafayette Ave

0388

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.