

No. 2
32-45
17-39
X47070

FILED MAY 29 1947

1003

Registrar's No. 5128

Registration District No. Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

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

(c) Name of hospital or institution:
3127 No. Whittier St., /
(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 Mo. (b) County 000

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

(d) Street No. 3127 No. Whittier
(If rural, give location) 90

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

If yes, name country _____

3. (a) PRINT FULL NAME Mary A. Schaerer

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21st
year 1947 hour 8 minute 15pm M.

21. I hereby certify that I attended the deceased from 6-14-46
19____, to 5-21- 1947
that I last saw her alive on 5-21-47
and that death occurred on the date and hour stated above.

4. Sex female 5. Color or race white

6. (a) Single, widowed, married, married
6. (b) Name of husband or wife Widow 6. (c) Age of husband or wife if
alive _____ years

7. Birth date of deceased April 19, 1861
(Month) (Day) (Year)

Immediate cause of death

Cerebral thrombosis Duration 1 day

Due to hypertension 54m

Due to arteriosclerosis 54m

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

<u>86</u>	<u>1</u>	<u>2</u>	hr. _____ min.
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Other conditions: _____
(Include pregnancy within 3 months of death)

Major findings: _____
Of operations: 88

Of autopsy: _____

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

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

10. Usual occupation Housewife

11. Industry or business _____

MOTHER FATHER { 12. Name John Roth 5

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

14. Maiden name Unk.

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

16. (a) Informant Mrs. Emma Slattery
(b) Address 3127 No. Whittier

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? _____

17. (a) Burial (b) Date thereof 5/24 /47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Bethany Cemetery

While at work? _____ (Specify type of place) (c) Means of injury 11

18. (a) Signature of funeral director Sullivan Bros.
(b) Address 2849 No. Euclid

23. Signature James A. Scherer (M. D. or other)
Address 2849 N. Union Bl Date signed 5-22-47

19. (a) MAY 22 1947 (b) J. F. Prebeck
(Date received local registrar) (Registrar's signature)

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

Edgar B. Bell
2846 7th Avenue

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 *Robert L. Brunkman*

Licensed Embalmer No. *3553*

P. O. Address.....

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.