

No. 2
5-43
5-17-39
I X36671

FILED JUN 13 1947

State File No.

Registration District No. Primary Registration District No. **1003** Registrar's No. **5380**

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:
St. L. City Hosp. #1. Max C. Starkloff Mem
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution **1 year** (Specify whether)

In this community **Life**
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri** (b) County **000**

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

(d) Street No. **1126 Sidney Street** **9**
(If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME **FRIEDA SCHOU**

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

4. Sex **F /** 5. Color or race **W**

6. (a) Single, widowed, married, divorced **W**

6. (b) Name of husband or wife **George** 6. (c) Age of husband or wife if alive **22** years

7. Birth date of deceased **January 11, 1883**
(Month) (Day) (Year)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **May** day **29th**
year **1947** hour **9** minute **30** M.

21. I hereby certify that I attended the deceased from **April 15, 1947** to **May 29, 1947** ;
that I last saw him **alive** on **May 29, 1947** ;
and that death occurred on the date and hour stated above.

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

64	4	18	hr. 4 min.
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9. Birthplace **?** **Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation **house-wife**

11. Industry or business

MOTHER FATHER { 12. Name **9**

{ 13. Birthplace **9**
(City, town, or county) (State or foreign country)

{ 14. Maiden name **9**

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

16. (a) Informant **Milton H. Hartmann**

(b) Address **1126 Sidney Street**

17. (a) **burial** (b) Date thereof **5-31-47**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Sunset Burial Park**

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

(b) Address **2301 Lafayette Avenue**

19. (a) **MAY 31 1947** (b) **J. F. Braddock**
(Date received local registrar) (Registrar's signature)

Immediate cause of death **Myocardial Infarction**

Due to **Myocardial Infarction**

Due to **April 15, 1947 about 3:00 PM**

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 **April 15, 1947**

(c) Where did injury occur? **City of St. Louis**
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?
City of St. Louis
(Specify type of place)

While at work? (a) Means of injury **3**

23. Signatures **John E. Smith** (M. D. or other) **3**
Address **St. Louis** Date signed **5/31/47**

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

Coroner

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 P. W. Cooper

Licensed Embalmer No. 3830

P. O. Address. 2301 Lafayette

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.