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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUN 19 1947

Registration District No. 377

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 19595

Primary Registration District No. 3068

Registrar's No. 1158

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution: Maplewood Nursing Home. 4
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 12 days (Specify whether
In this community ..... years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis 96

(c) City or town Vinita Park 1 P
(If outside city or town limits, write "RURAL")

(d) Street No. 8331 Flora Ave. 4
(If rural, give location)

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

If yes, name country .....

3. (a) PRINT FULL NAME Anna Schatz.

3. (b) If veteran, name war None

3. (c) Social Security No. None

4. Sex Famale 1

5. Color or race White

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

6. (b) Name of husband or wife John Schatz.

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

7. Birth date of deceased June 21, 1877. (Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
69	11	17	hr. min.

9. Birthplace Franklin County, Missouri. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife.

11. Industry or business .....

FATHER
12. Name Dont know. 11
13. Birthplace ..... Germany. 1
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Dont know. 4
15. Birthplace ..... Germany. 4
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Gus Schatz.
(b) Address 5602 Enright Avenue.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 6-10-1947. (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery.

18. (a) Signature of funeral director Geo. L. Pleitsch, Inc.
(b) Address 5966-68 Easton Avenue.

19. (a) Burial 6-10-47 (Date received local registrar) (b) Cecil A. Sharp MD (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 7th. year 1947 hour 2.40 minute P.M. M.

21. I hereby certify that I attended the deceased from June 1945 to June 7, 1947 that I last saw her alive on June 6, 1947 and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Generalized Carcinomatosis	3 mo
Due to Ca of transverse colon	2 yrs
Other conditions (Include pregnancy within 3 months of death) 46 lb	

Major findings: Of operations Ca of Colon 1945

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 Leo J Kelly (M. D. or other) MD

Address 8105 Page Blvd Date signed 6-9-47

(Licensed Embalmer's Statement on Reverse Side)

Dr. Leo J. Reilly.
8105 Page Avenue.
Winfield 1021

JUL 31 1947

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 Clement McNeary

Licensed Embalmer No. 3732

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.