

FILED JUN 30 1947
Registration District No. 287

Primary Registration District No. 6076

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

296

1. PLACE OF DEATH:

(a) County ST. LOUIS

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

(c) Name of hospital or institution:
Pine Crest Home for the Aged
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 15 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 Black Jack
(If outside city or town limits, write "RURAL") ²

(d) Street No. Rt. Route # 2
(If rural, give location)

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

If yes, name country _____

3. (a) PRINT FULL NAME Schuler Henry

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 6th
year 1947 hour 5 minute 10 P.M.

21. I hereby certify that I attended the deceased from May 22nd 1947, to June 6th 1947
that I last saw him alive on June 5th 1947
and that death occurred on the date and hour stated above.

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower

6. (b) Name of husband or wife Helena Rauscher Schuler 6. (c) Age of husband or wife if alive Dec'd years

7. Birth date of deceased July 30 1856
(Month) (Day) (Year)

Immediate cause of death
Cerebral Hemorrhage

Due to 93d

Due to Arterio Sclerosis

Other conditions Chronic Myocarditis
(Include pregnancy within 3 months of death)

8. AGE: Years 90 Months 10 Days 7 If less than one day _____ hr. _____ min.

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

10. Usual occupation Retired Farmer

11. Industry or business Agriculture

MOTHER FATHER { 12. Name Charlie Schuler ¹¹

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

14. Maiden name Katherine Eunlach

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

16. (a) Informant William Schuler
(b) Address Florissant, Missouri

17. (a) Burial (b) Date thereof 6/9/47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Salem Ev. Lutheran

18. (a) Signature of funeral director White Funeral Home
(b) Address Ferguson, Mo

19. (a) 6-12-47 (b) Conrad Schuler
(Date received local registrar) (Registrar's signature)

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? _____

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

23. Signature R. P. Dawson (M. D. or other) _____
Address Manchester Mo Date signed 6/6/47

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 L. M. White

Licensed Embalmer No. 3973

P. O. Address Herguon, Va

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.