

Registration District No. 317

Primary Registration District No. 6076

1. PLACE OF DEATH:

(a) County St. Louis,

(b) City or town Rural, Meramec Twpsh.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Hencken Rd. 1  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none (Specify whether)

In this community Life years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County St. Louis,

(c) City or town Rural, Meramec Twpsh.  
(If outside city or town limits, write "RURAL")

(d) Street No. Hencken Rd. (If rural, give location)

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

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Caroline Schueller,

3. (b) If veteran, name war none.

3. (c) Social Security No. none.

4. Sex Female

5. Color or race White

6. (e) Single, widowed, married, divorced, widowed

6. (b) Name of husband or wife J. William Schueller, alive \_\_\_\_\_ years

6. (c) Age of husband or wife if 4, 1855

7. Birth date of deceased Mar. 4, 1855  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>92</u>	<u>2</u>	<u>17</u>	hr. _____ min. _____

9. Birthplace St. Louis County, Mo. U  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife, (Retired)

11. Industry or business Own home,

MOTHER FATHER

12. Name William Rahm,

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

14. Maiden name Amario Melcher,

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

16. (a) Informant Otto Schueller,

(b) Address Pacific, Mo. R #3.

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

(c) Place: burial or cremation Schueller Private Cem.

18. (a) Signature of funeral director Schrader Funeral Home,

(b) Address Ballwin, Mo.

19. (a) 5-24-47 (Date received local registrar)

(b) Paula J. Haynes (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 21 year 1947 hour 9 minute 25 P.M.

21. I hereby certify that I attended the deceased from 7-18 1943 to 5-21 1947.  
that I last saw him alive on 5-18- 1947  
and that death occurred on the date and hour stated above.

Immediate cause of death cerebral apoplexy Duration 3 days

Due to Hypertension Est-10 yrs

Due to Gen arteriosclerotic cardio-renal disease 10 yrs

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: 1314

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? \_\_\_\_\_

(Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury 2

23. Signature [Signature] (M. D. or other) P.O.

Address \_\_\_\_\_ Date signed 5-23-47

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

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**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.....

Licensed Embalmer No. *3066*

P. O. Address *Baldwin, Mo.*

**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.**