

FILED SEP 8 1947

318

8272

Registration District No.

Primary Registration District No. **1003**

Registrar's No.

1. PLACE OF DEATH:

(a) County.....
(b) City or town..... **St. Louis, Mo.**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **Lutheran Hospital**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution..... **6 Weeks**
(Specify whether
In this community..... **59 Years**
years, months or days)

3. (a) PRINT FULL NAME..... **Bertha Schindler**

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

4. Sex..... **Female** 5. Color or race..... **White**
6. (a) Single, widowed, married, divorced..... **Widow**
6. (b) Name of husband or wife..... **Frank Schindler**
6. (c) Age of husband or wife if alive..... **Deceased**
7. Birth date of deceased..... **June 21 1863**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
84 2 7 hr. min.

9. Birthplace..... **Landeck, Germany**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **At Home**

11. Industry or business.....
12. Name..... **Anton Lowack**

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

14. Maiden name..... **Elizabeth Volkner**

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

16. (a) Informant..... **Fred Schindler**
(b) Address..... **3510 Miami**

17. (a) **Cremation** (b) Date thereof..... **Aug. 30, 47**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **Missouri Crematory**

18. (a) Signature of funeral director..... **Beiderwieden F. H. Inc.**
(b) Address..... **1936 St. Louis Ave.**

19. (a) **AUG 30 1947** (b) **J. F. Brudeck**
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County.....
(c) City or town..... **St. Louis**
(If outside city or town limits, write "RURAL")
(d) Street No..... **3510 Miami St.**
(If rural, give location)
(e) Citizen of foreign country?..... **No.** (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **August** day..... **28**
year..... **1947** hour..... **4** minute..... **05** P.M.

21. I hereby certify that I attended the deceased from..... **Aug 25 47** to..... **Aug 28 47**
that I last saw him alive on..... **Aug 28 47**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Coronary Dilatation**
Myocarditis
Due to
Quantity - Arterio
Sclerosis
Other conditions..... **Sp. of rt hip & right collar fracture**
(Include propane within 8 months of death)
Major findings:
Of operations.....

Of autopsies.....

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)..... **Fell 8/25/47 000**
(b) Date of occurrence..... **8/25/47**
(c) Where did injury occur?..... **3510 Miami St & Mo**
(City or town) (County) (State)
(d) Did injury occur near or about home, on farm, in industrial place, in public place?..... **Home**
(Specify type of place)
While at work?..... (e) Means of injury.....
23. Signature..... **J. F. Brudeck** (M. D. or other)
Address..... **4738 Illinois** Date signed..... **8/29/47**

Duration

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

2-4

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.....

.....
working under my personal supervision.

Registered Apprentice No.....

Signed *Elen W. Hah*.....

Licensed Embalmer No. *3737*.....

P. O. Address *1936 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.