

P. S. No. 300
FORM-10-47
Rev. 5-17-39
I 3906

10651

FEDERAL BUREAU OF INVESTIGATION
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 12 1948

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 3331

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: Lutheran Hospital
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
(Specify whether years, months or days)

In this community _____
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 000

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

(d) Street No. 2618 Louisiana Ave.
(If rural, give location)

(e) Citizen of foreign country? 27 _____
(Yes or No)

If yes, name country _____

3: (a) PRINT FULL NAME Marie T. Schuline

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 Married

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

6. (c) Age of husband or wife if alive 53 years

7. Birth date of deceased August 4 1901
(Month) (Day) (Year)

8. AGE: Years 46 Months 8 Days 1
If less than one day hr. min.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 5
year 1948 hour 10 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 20, 1947 to April 5, 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Myocardial failure Duration 4 Days
Generalized bronchitis 1 Year

Due to Carcinoma Body of Pons 2 Years

Due to Thrombosis of Inferior Vena cava 5 Weeks

Other conditions Hypertension
(Include pregnancy within 3 months of death)

Major findings: Of operations Hypertension

Of autopsy Carcinoma Body of Pons
Thrombosis of Inferior Vena cava

PHYSICIAN _____
Underline the cause to which death should be charged statistically.

9. Birthplace Mascoutah Illinois
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business _____

12. Name Henry G. Friess

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

14. Maiden name Mary Friederich

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

16. (a) Informant John Schuline

(b) Address 2618 Louisiana Ave.

17. (a) Burial (b) Date thereof 4/9/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary

18. (a) Signature of funeral director Stroot-Carroll

(b) Address 4600 Natural Bridge Ave.

19. (a) APR 6 1948 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

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 William W. Folsom M. D. or other MD

Address 3108 So. Grand Date signed 4/14/48

(Licensed Embalmer's Statement on Reverse Side)

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

3108 S. Grand
12-3

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 J. Allen Davis Jr.
Licensed Embalmer No. 405 B
P. O. Address St. Louis 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.