No. 2
—1/47
-17-39

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 14638

FILED MAY 7 1948

Registration District No. 318 Primary Registration District No. 100 Registrar's No. 3815

1. PLACE OF DEATH:
(a) County
(b) City or town St. Louis, Missouri.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis City Hospital-Max C. Starkloff
(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

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County 100
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 3225 No. Florissant Ave. 9
(If rural, give location)
Memorial 20 0
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME GEORGE SCHULER
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex M 0 | 5. Color or race W | 6. (a) Single, widowed, married, divorced Single
6. (b) Name of husband or wife
6. (c) Age of husband or wife if alive years
7. Birth date of deceased July (Month) 17, (Day) 1861 (Year)

8. AGE: Years 86 | Months 9 | Days 5 | If less than one day hr. min.

9. Birthplace Germany 4
(City, town, or county) (State or foreign country)
10. Usual occupation Laborer
11. Industry or business

FATHER
12. Name Frederick Schuler
13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Anna M. Saidz
15. Birthplace Germany 4
(City, town, or county) (State or foreign country)

16. (a) Informant Little Sisters of Poor
(b) Address 3225 No. Florissant Ave.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-48 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cemetery
18. (a) Signature of funeral director Arthur J. Donnelly
(b) Address 3840 Lindell Blvd
19. (a) APR 22 1948 (Date received local registrar) (b) J. F. Broderick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 21st
year 1948 hour 1 minute 05 P M.
21. I hereby certify that I attended the deceased from 4/14/48 April 21st 19 48
that I last saw him alive on April 21st 19 48
and that death occurred on the date and hour stated above.

Immediate cause of death — Duration
Chronic Pyelonephritis — 5 yrs.
Non Calculus
Due to
Due to
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Underline the cause of 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 E. M. Fillman (M. D. or other)
Address 1515 Lafayette Date signed 4/21/48

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

Jefferson City Printing Co.

(Licensed Embalmer's Statement on Reverse Side)

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 W H Van Matre

Licensed Embalmer No. 2825

P. O. Address 4340 Lafayette

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.