

300  
247  
-39  
3906

FILED JUN 26 1948  
Registration District No. **12**

Primary Registration District No. **1000**

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

**1. PLACE OF DEATH:**

(a) County **Buchanan**

(b) City or town **St. Joseph**

(c) Name of hospital or institution:  
**2914 Sylvania Street**

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

(d) Length of stay: In hospital or institution **Not**

In this community **44 years**

(Specify whether years, months or days)

**3. (a) PRINT FULL NAME** **Edgar Christian Schuler**

3. (b) If veteran name war **World War #1**

3. (c) Social Security No. **491-09-2033**

4. Sex **Male**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Ethel M. Schuler**

6. (c) Age of husband or wife if alive **51** years

7. Birth date of deceased **December 3, 1892**

(Month) (Day) (Year)

**8. AGE:**

Years	Months	Days	If less than one day
<b>55</b>	<b>6</b>	<b>21</b>	hr. min.

**9. Birthplace** **Brown Wathens** **Kansas**

(City, town, or county) (State or foreign country)

**10. Usual occupation** **Assistant Manager**

**11. Industry or business** **Chesmore Seed Co.**

**12. Name** **William C. Schuler**

**13. Birthplace** **Unknown** **Kansas**

(City, town, or county) (State or foreign country)

**14. Maiden name** **Rosetta Lehman**

**15. Birthplace** **Unknown** **Kansas**

(City, town, or county) (State or foreign country)

**16. (a) Informant** **Mrs. Ethel M. Schuler**

(b) Address **2914 Sylvania, St. Joseph, Mo.**

**17. (a)** **Burial** (b) Date thereof **6/26/1948**

(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Mt. Auburn, Cemetery**

**18. (a) Signature of funeral director** **Walter Meierhoffer**

(b) Address **1946 Colhoun, St. Joseph, Missouri**

**19. (a)** **6-25-48** (b) **E. C. Jenkins**

(Date received local registrar) (Registrar's signature)

**2. USUAL RESIDENCE OF DECEASED:**

(a) State **Missouri** (b) County **Buchanan**

(c) City or town **St. Joseph**

(If outside city or town limits, write "RURAL")

(d) Street No. **2914 Sylvania Street**

(If rural, give location)

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

If yes, name country

**MEDICAL CERTIFICATION**

**20. DATE OF DEATH:** Month **June** day **24**, year **1948** hour **12** minute **50** P. M.

**21. I hereby certify that I attended the deceased from** **October 19, 1946** to **June 24, 1948**

that I last saw him alive on **June 24, 1948**

and that death occurred on the date and hour stated above.

Immediate cause of death **Typhoid fever**

**for advance Cavitation**

Due to **St. Mary's Lower Life Pres.**

Duration **Oct. 19-1946**

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations **h b**

Of autopsy **h b**

**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

**23. Signature** **Walter Meierhoffer** (M. D. or other) **MD**

Address **405 1/2nd St. St. Joseph, Mo.** Date signed **28 June 1948**

JUL 6 1948

Dr. Craig  
J. H. H. H. H.

JUL 13 1948

**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 Raymond H. Merle

Licensed Embalmer No. Missouri 4413

P. O. Address St. Joseph, Missouri

**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.**