

FILED SEP 13 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 28181  
Registrar's No. 7515

Registration District No. \_\_\_\_\_

Primary Registration District No. 1003

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County \_\_\_\_\_  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: City Infirmary  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 5 years  
(Specify whether years, months or days)  
In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Marie Schadler

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 Ewald  
6. (c) Age of husband or wife if alive 69 years  
7. Birth date of deceased Feb. 12 1873  
(Month) (Day) (Year)

8. AGE: Years 75 Months 6 Days 12  
If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

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

10. Usual occupation Home

11. Industry or business \_\_\_\_\_

12. Name Conrad Hoehn  
13. Birthplace Unknown Germany  
(City, town, or county) (State or foreign country)

14. Maiden name Unknown

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

16. (a) Informant Frieda Schadler

(b) Address 3430 Tennessee

17. (a) Burial (b) Date thereof 8/28/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Matthews Cemetery

18. (a) Signature of funeral director Wacker-Walden

(b) Address 3634 Gravois Ave.

19. (a) AUG 27 1948 (Date received local registration)  
J. F. Breckner (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 3430 Tennessee Ave.  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Aug. day 25  
year 1948 hour 12 minute 05 PM M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the day and hour stated above.

Immediate cause of death Strangulation  
when she was found with a pair of stockings, one end around her neck, and the other to the head of the bed around 11:50 PM, Aug. 24, 1948, while a patient in the mental ward of the City Infirmary.

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

Major findings:  
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) Suicide  
(b) Date of occurrence Aug. 24, 1948  
(c) Where did injury occur? St. Louis  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? public place

While at work? no (Specify type of place) (or) Means of injury see above

23. Signature Victor E. Taylor (M.D. or other)  
Address 1300 Clark Date signed 8-27-48

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.....

*Delis J. Krupin*

Licensed Embalmer No.....

*3497*

P. O. Address.....

*3634 Gravois*

**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.**