

No. 300  
-10-47  
-17-39  
P 3906

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

34673  
State File No. \_\_\_\_\_  
Registrar's No. 9295

FILED NOV 6 1948 318  
Registration District No. \_\_\_\_\_

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

1003

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

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:  
3426 Indiana  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether)  
In this community 28 Years  
years, months or days

3. (a) PRINT FULL NAME Caroline Schoettle  
3. (b) If veteran, name war No  
3. (c) Social Security No. None

4. Sex Female 5. Color or race White  
6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife Gotlieb  
6. (c) Age of husband or wife if alive Deceased years  
7. Birth date of deceased September 24, 1868  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 I 3 hr. min.

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

10. Usual occupation Housewife

11. Industry or business At Home

12. Name John Schoettle

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

14. Maiden name Sophia Tuerck

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

16. (a) Informant Mr. Edwin Schoettle

(b) Address 3426 Indiana St. Louis, Mo.

17. (a) Removal by Motor (b) Date thereof 10/30/48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: Mascoutah, Ill. - Mascoutah City Cemetery

18. (a) Signature of funeral director C. Hoffmeister U&L Co.

(b) Address 7814 South Bdwy St. Louis II, Mo.

19. (a) OCT 27 1948 (b) J. B. Lantier  
(Date received local registrar) (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. 3426 Indiana  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 27th  
year 1948 hour 12 minute 27 A. M.  
21. I hereby certify that I attended the deceased from Sept. 1946  
to Oct. 24, 1948  
that I last saw her alive on Oct. 27, 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic myocarditis  
Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

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) \_\_\_\_\_

(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 Dr. J. M. [unclear] (M. D. or other)

Address 2225 Jefferson Date signed Oct 27 1948

Doctor James M. Haven  
2027a South Jefferson

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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 Levin E. Hoffner

Licensed Embalmer No. 3871

P. O. Address 7814 S. Broad

**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.**