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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 9 1949

21650

State File No.

BIRTH NO. REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 5202

| | | | | | |
|---|--|--|--|--|---------|
| 1. PLACE OF DEATH a. COUNTY <u>St. Louis Mo</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Creve Cour Mo</u> COUNTY | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis Mo</u> | | c. LENGTH OF STAY (In this place) <u>4</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RR, Creve Cour Mo RR1</u> | | 91 0 |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bernard Nursing Home</u> | | | d. STREET ADDRESS (If rural, give location) <u>4386 Maryland</u> | | |

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|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u> b. (Middle) <u>Lee</u> c. (Last) <u>Schuler</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>6-30-1949</u> | | |
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| 5. SEX <u>Fe</u> | 6. COLOR OR RACE <u>Wh</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Mar.</u> | 8. DATE OF BIRTH <u>July 27 1901</u> | 9. AGE (In years last birthday) <u>47</u> - <u>11</u> Months <u>3</u> Days <u>3</u> Hours <u>3</u> Min. | |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Perry Co. Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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|---|--|---|--|--|--|
| 13a. FATHER'S NAME <u>J Amberger</u> | | 13b. MOTHER'S MAIDEN NAME <u>Not Known</u> | | 14. NAME OF HUSBAND OR WIFE <u>August F Schuler</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>None</u> | 16. SOCIAL SECURITY NO. <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>August F Schuler Creve Cour Mo</u> | | | |
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| 18. CAUSE OF DEATH: Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of Cervix</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u> | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | |

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|------------------------|----------------------------------|--|--|---|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>48</u> |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? <u>171X</u> |
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22. I hereby certify that I attended the deceased from 6-25-1949, to 6-30-1949, that I last saw the deceased alive on 6-30-1949, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

| | | |
|---|-------------------------------------|-----------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Albert Kaplan MD</u> | 23b. ADDRESS <u>607 N. Grand</u> | 23c. DATE SIGNED <u>7-1-49</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>7-2-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Sun Set Burial Prk</u> | 24d. LOCATION (City, town, or county) (State) <u>St. Louis Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>JUL 1 1949</u> | REGISTRAR'S SIGNATURE <u>J B Lasater</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wingbermuehle Funeral Home</u> <u>3819 S Grand Blvd</u> |
|---|---|---|

6990-28

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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Van M. Simmons

Licensed Embalmer No. 4343

P. O. Address St. Louis

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.