

Friedericka

 MISSOURI STATE BOARD OF HEALTH
 BUREAU OF VITAL STATISTICS
 CERTIFICATE OF DEATH

23505

Do not use this space.

1. DEATH DATE 1938

(a) County Registration District No. **791**
 (b) Township Primary Registration District No. **1003**
 (c) City **St Louis** (d) Street No. **4326 Chippewa St** Registered No. **6199**
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME **FREDERICKA SCHAKE** **200**
 (a) Residence, No. **4326 Chippewa St** St. **15** (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **Female** 4. COLOR OR RACE **White** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF **George P. Schake**

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **Feb 4 1867**

7. AGE YEARS **71** MONTHS **5** DAYS **6** IF LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. **At Home**
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) **St Louis Mo** (STATE OR COUNTRY)

FATHER 13. NAME **Karl Mauser**

14. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME **Katharine Urspruch**

16. BIRTHPLACE (CITY OR TOWN) **Germany** (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) **Mrs. Benny Paul**
4326 Chippewa St.

18. BURIAL, CREMATION, OR REMOVAL PLACE **Our Redeemer Cem.** **July 13 1938**

19. FUNERAL DIRECTOR (ADDRESS) **Beiderwieden Funl Home**
1936 St Louis Ave

20. FILE **Jul 12 1938** **J. F. Brebeck** Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **July 10th 1938**

22. I HEREBY CERTIFY, That I attended deceased from **June 2, 1938** to **July 10th 1938**
 I last saw her alive on **July 10th 1938**. Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis

Date of onset

July 1st 1936

Other contributory causes of importance:

Arteriosclerosis

Name of operation Date of
 What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? Date of injury 19.....
 Where did injury occur? (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
 Nature of injury

24. Was disease or injury in any way related to occupation of deceased? **no**
 If so, specify

(Signed) **J. H. Dr. Schuck** M. D.

(Address) **2. 60. 3 Chippewa St**

STATEMENT BY LICENSED EMBALMER

I, Thos A Beidunwidew Licensed Embalmer No. 506

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No. or by, Registered Apprentice No.
working under my personal supervision.

Signed Thos A Beidunwidew

Licensed Embalmer No. 506

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.)