

Registration District No. **791**
1003

Primary Registration District No. _____

1. PLACE OF DEATH:

- (a) County _____
 (b) City or town St. Louis, Missouri
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: 2833 Russell Blvd. **2**
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)
 In this community _____
 years, months or days)

3. (a) PRINT FULL NAME **236** Leslie Hyatt Schuster3. (b) If veteran, name war None 3. (c) Social Security No. None4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Mary C. Schuster 6. (c) Age of husband or wife if alive 54 years7. Birth date of deceased March 29, 1888.
(Month) (Day) (Year)8. AGE: Years 51 Months 3 Days 24 If less than one day _____ hr. _____ min.9. Birthplace Sedalia Missouri
(City, town, or county) (State or foreign country)10. Usual occupation Box Maker

11. Industry or business _____

12. Name Charles Peter Schuster13. Birthplace Dayton Ohio.
(City, town, or county) (State or foreign country)14. Maiden name Dora Van Horn15. Birthplace Fulton Missouri
(City, town, or county) (State or foreign country)16. (a) Informant's own signature Mrs. Mary Schuster(b) Address 2833 Russell Blvd.17. (a) Burial (b) Date thereof 7/28/39
(Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Lake Wood Park18. (a) Signature of funeral director Albert H. Hoppe(b) Address 4700 Washington Blvd.19. (a) JUL 27 1939 J. F. Bredick
(Date recorded and local registration) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County _____
 (c) City or town St. Louis **23**
 (If outside city or town limits, write "RURAL")
 (d) Street No. 2833 Russell Blvd.
 (If rural, give location)
 (e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 23rd.
year 1939 hour 3 minute _____ P. M.21. I hereby certify that I attended the deceased from 1910
_____, 19____, to July 23rd., 1939that I last saw him alive on July 23rd., 1939;
and that death occurred on the date and hour stated above.Immediate cause of death Coronary thrombosis Duration 6 hoursDue to Chronic bronchitis 5
Chronic asthma yearsDue to Chronic arteriosclerosis "Other conditions _____
(Include pregnancy within 3 months of death)Major findings: None

Of operations _____

Of autopsy _____

PHYSICIAN

Underline
(the cause to
which death
should be
charged sta-
tistically.)

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? _____

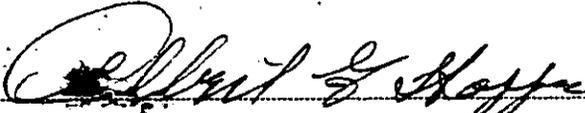
While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. Bredick (M. D. or other) _____Address 2278 S. Jefferson Date signed 7-24-39

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 

Licensed Embalmer No. 3991

P. O. Address.....

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, above space should be left blank.