

31114

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

REG'D OCT 14 1939 791

Registration District No. _____

Primary Registration District No. _____

Registrar's No. 8177

1. PLACE OF DEATH: **1003**

(a) County _____

(b) City or town **Saint Louis, Missouri.**

(c) Name of hospital or institution: **3445-A Nebraska Ave.**
(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)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Missouri.** (b) County _____

(c) City or town **Saint Louis.** (If outside city or town limits, write "RURAL.") **24**

(d) Street No. **3445-A Nebraska Ave.**
(If rural, give location)

(e) If foreign born, how long in U. S. A. ? _____ years.

3. (a) PRINT FULL NAME **Minnie Schaad.** **3445**

8. (b) If veteran, name war _____ 8. (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 **Charles Schaad.** 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased **December 30th, 1856.**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

82	8	21	_____ hr. _____ min.
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9. Birthplace **Unknown Illinois.**
(City, town, or county) (State or foreign country)

10. Usual occupation **At Home**

11. Industry or business _____

12. Name **Henry Lauth**

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

14. Maiden name **Unknown**

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

16. (a) Informant's own signature **Charles Schaad**
(b) Address **3445-A Nebraska Ave.**

17. (a) **Burial** (b) Date thereof **Sept. 23rd, 39**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Lakewood Park Cemetery.**

18. (a) Signature of funeral director **Ziegenhein Bros.**
(b) Address **2623 Cherokee Street.**

19. (a) **SEP 22 1939** (b) **J. F. Brudwick**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **September** day **21st.**
year **1939.** hour **7** minute **50** A.M.

21. I hereby certify that I attended the deceased from **Aug 28,**
1939, to **Sept 21,** **1939**
that I last saw **her** alive on **Sept 21,** **1939**
and that death occurred on the date and hour stated above.

Immediate cause of death **Senility**
Chronic Myocarditis 2 deg

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 **Allen A. Roe,** (M. D. or other) **Mo**
Address **2712 1/2 N. 14th, St. Louis** Date signed **9/22/39**

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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 W E Morris

Licensed Embalmer No. 3360

P. O. Address 2623 Cherokee

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.