DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 37881

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 9720

1. PLACE OF DEATH:
(a) County 2
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1501 Hickory St
(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: 1
(a) State Missouri. (b) County _____
(c) City or town Saint Louis. 22
(If outside city or town limits, write "RURAL")
(d) Street No. 1501 Hickory.
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years.

3. (a) PRINT FULL NAME Edward J. Schuler, 4 [illegible]
3. (b) If veteran, name war _____
3. (c) Social Security No. None.
4. Sex Male
5. Color or race White
6. (a) Single, widowed, married, divorced Widowed.
6. (b) Name of husband or wife Mary Schuler,
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased February (Month) 19th, (Day) 1860. (Year)

8. AGE: Years 79 Months 8 Days 23 If less than one day _____ hr. _____ min.

9. Birthplace Saint Louis, (City, town, or county) Missouri. (State or foreign country)
10. Usual occupation U. S. A. Engineer. 0
11. Industry or business _____
FATHER
12. Name Unknown 1
13. Birthplace Unknown (City, town, or county) Unknown (State or foreign country) 0
MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) Unknown (State or foreign country)
16. (a) Informant's own signature Edna Schmidt
(b) Address 1501 Hickory.
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof Nov. 15th, 39 (Month) (Day) (Year)
(c) Place: burial or cremation New St. Marcus Cemetery.
18. (a) Signature of funeral director Giegenheim Bros.
(b) Address 2623 Cherokee Street.
19. (a) NOV 15 1939 (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
year 1939 hour 1 minute 30 P. M.
21. I hereby certify that I attended the deceased from May 13, 1939, to Nov 12, 1939;
that I last saw him alive on Nov 12, 1939;
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Mitral Heart Disease	6 Mo
Due to Arterio Sclerosis	2 Yrs
Due to Gangrene of Right leg	2 Wks
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? _____ (Specify type of place)
While at work? _____ (e) Means of injury _____
23. Signature J. J. Kehoe (M. D. or other)
Address 4145 St Louis Date signed 11-13-39

(Licensed Embalmer's Statement on Reverse Side)

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