

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____
Registrar's No. 732

Registration District No. 10784

Primary Registration District No. 200

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Overland, Mo.
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: Brown & Airport Road
(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 Mo. (b) County St. Louis
(c) City or town Overland
(If outside city or town limits, write "RURAL")
(d) Street No. Brown & Airport Road
(If rural, give location)
(e) If foreign born, how long in U. S. A.? _____ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 13
year 1940 hour 5.50 minute _____ P.M. _____ M.
21. I hereby certify that I attended the deceased from
September, 1939, to April, 1940
that I last saw h. or alive on April 13, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death _____
1) Coronary Occlusion?

Due to Coronary Artery Disease
Due to _____

Other conditions Diabetes Mellitus
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____
PHYSICIAN _____

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 _____
28. Signature James Bond (M.D. or other)
Address St. Louis County Hosp Date signed 4/14/40

3. (a) PRINT FULL NAME Margaret Schuler 460
3. (b) If veteran, name war No 3. (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 Schuler 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan. 7, 1875.
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
65 3 6 _____ hr. _____ min.

9. Birthplace Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Housework

11. Industry or business _____

12. Name Adolph Kappel

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

14. Maiden name Mary Ramsey
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant's own signature Mrs. Mary L. Lammers

(b) Address Rout 7, Overland, Mo.

17. (a) Burial (b) Date thereof April 16/40
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Fee Fee Cemetery

18. (a) Signature of funeral director Jos. W. Clark,

(b) Address 1125 Hodiamont Ave.

19. (a) APR 15 1940 (b) J. R. Meyer
(Date received local registrar) (Registrar's signature)

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.

Dr. James Dowd
St. Louis Co. Hospital
Clayton, Mo.

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. 3225.

P. O. Address 1125 Hodiament Ave.,

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.