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DEPARTMENT OF COMMERCE
BUREAU OF BUSINESS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

34117

State File No.

Registration District No. **791**

Primary Registration District No. **1003**

Registrar's No. **8814**

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

1. PLACE OF DEATH:

(a) County St. Louis, Missouri

(b) City or town _____
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: St. Louis City Hospital #1
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 9 Days (Specify whether _____)

In this community _____
years, months or days

3. (a) PRINT FULL NAME Henry Schuller

3. (b) If veteran, name war NO

3. (c) Social Security No. 492-05-2932

4. Sex MALE

5. Color or race WHITE

6. (a) Single, widowed, married, divorced MARRIED

6. (b) Name of husband or wife MARY

6. (c) Age of husband or wife if alive 59 years

7. Birth date of deceased: JAN 22 1878
(Month) (Day) (Year)

8. AGE: Years 62 Months 9 Days 2 If less than one day _____ hr. _____ min.

9. Birthplace FREDRICKS TOWN MO.
(City, town, or county) (State or foreign country)

10. Usual occupation CARPENTER 9

11. Industry or business _____

MOTHER FATHER

12. Name UNKNOWN ?

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

14. Maiden name UNKNOWN

15. Birthplace UNKNOWN (City, town, or county) (State or foreign country)

16. (a) Informant Mary Schuller

(b) Address 7708 Michigan Ave

17. (a) BURIAL (Burial, cremation, or removal)

(b) Date thereof 10/26/40 (Month) (Day) (Year)

(c) Place: burial or cremation MATTESS MO

18. (a) Signature of funeral director Jan. P. Funder

(b) Address 2128 Michigan Ave

19. (a) OCT 25 1940 (Date received local registrar)

(b) J. B. Funder (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State MO (b) County _____

(c) City or town ST. LOUIS 1
(If outside city or town limits, write "RURAL")

(d) Street No. 7708 MICHIGAN AV.
(If rural, give location)

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

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month October day 24, 1940 year. hour 10:40 minute. A. M.

21. I hereby certify that I attended the deceased from October 16, 1940 to October 24, 1940

that I last saw him alive on October 24, 1940 and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Nephrosclerosis

Due to Uremia

Due to Nephrosclerosis

Other conditions _____
(Include pregnancy within 3 months of death)

Duration _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

Major findings: Of operations _____

Of autopsy not granted

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)

(a) Means of injury _____

23. Signature Samuel Wallace (M. D. or other)

Address City Hospital, St. Louis Date signed 10/24/40

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

J. P. Fendler, Jr.

Licensed Embalmer No. *925*

P. O. Address *St Louis*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.