

No. 2
4-13-40
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

4337

State File No. _____

FEB 14 1941

Registration District No. 784

Primary Registration District No. 111

Registrar's No. 164

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Richmond Heights
(c) Name of hospital or institution: St. Marys Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 1 day
In this community 1 day
years, months or days

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME RUTH IRENE SCHAALE

3. (b) If veteran, name war none 3. (c) Social Security No. none

4. Sex F 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife Fred Schaale 6. (c) Age of husband or wife if alive 50 years

7. Birth date of deceased Aug. 21 1892
(Month) (Day) (Year)

8. AGE: Years 48 Months 5 Days 0 If less than one day hr. min.

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

10. Usual occupation Housewife

11. Industry or business _____

12. Name George Seekatz

13. Birthplace Waverly Iowa
(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 Fred Schaale

(b) Address Rt 1 Robertson MO

17. (a) Burial (b) Date thereof 1-23-41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Free Free Cemetery

18. (a) Signature of funeral director James J. Overland

(b) Address 2504 Woodson Rd. Overland Mo

19. (a) JAN 23 1941 (b) R. Newman
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 21
year 1941 hour 12 minute 30 P.M.

21. I hereby certify that I attended the deceased from Jan 20
1941, to Jan 21, 1941;
that I last saw her alive on Jan 21, 1941;
and that death occurred on the date and hour stated above.

Immediate cause of death Lobar pneumonia left lobe
(lobe)

Due to _____
Due to _____

Other conditions Pleural effusion left
(Include pregnancy within 3 months of death)
cardiac failure

Major findings: _____
Of operations _____
Of autopsy _____

Duration

1 week

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 Frank Kramer (M. D. or other) MD
Address 634 1/2 S. 1st Date signed 1-23-41

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

96
3000

96
00

MOTHER FATHER

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 *Oscar F. Mueller*

Licensed Embalmer No. *3039*

P. O. Address: *Overland Mo.*

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, fact should be so stated above.