

No. 2
4-13-40
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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12072

APR 9 1941
Registration District No. 784

Primary Registration District No. 200

Registrar's No. 563

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

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
9874 Rivermont Dr.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution none
(Specify whether)

In this community 1 year
years, months or days

3. (a) PRINT FULL NAME Elizabeth Schuchardt

3. (b) If veteran, name war none

3. (c) Social Security No. none

4. Sex Female 5. Color or race white

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

6. (b) Name of husband or wife Edward Schuchardt

6. (c) Age of husband or wife if alive, 21 years (Year)

7. Birth date of deceased: Nov. 21 1866
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>74</u>	<u>3</u>	<u>21</u>	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

10. Usual occupation House Work

11. Industry or business

12. Name Eckert Laubach

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

14. Maiden name Louise Giesler

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

16. (a) Informant Edgar Schuchardt

(b) Address 9874 Rivermont Dr.

17. (a) Burial (b) Date thereof March 15 1941
(Place, location, or removal) (City or town) (County) (State) (Day) (Year)

(c) Place: burial or cremation Valhalla Cem.

18. (a) Signature of funeral director Diedrich Funeral Home

(b) Address 8319 Halls Ferry Rd.

19. (a) MAR 13 1941 (Date received local registrar)

(b) J. R. Meyer (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County St. Louis

(c) City or town Riverview Gardens
(If outside city or town limits, write "RURAL")

(d) Street No. 9874 Rivermont Dr.
(If rural, give location)

(e) If foreign born, how long in U. S. A.? 0 years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 12
year 1941 hour 10 minute A. M.

21. I hereby certify that I attended the deceased from 5/20/39
1939, to 3/12/41 1941
that I last saw her alive on 3/10/41 1941
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Mitral Insufficiency

Duration 3 yrs.

Due to 92 B

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

Signature J. R. Meyer (M. D. or other) J

Address 8321 N. Broadway Date signed

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.....

Arthur R. Liedrich

Licensed Embalmer No. *3556*

P. O. Address *St. Louis City*

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.