

FILLED OCT 18 1941 STANDARD CERTIFICATE OF DEATH

30090

State File No.

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 7429

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
4426 Harris Ave /
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution. None
(Specify whether years, months or days) 8 Years

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 600
(c) City or town St. Louis 9 17
(If outside city or town limits, write "RURAL")
(d) Street No. 4426 Harris Ave 9
(If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country 0

3. (a) PRINT FULL NAME Elizabeth M. Schieler

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 Married

6. (b) Name of husband or wife August E. Schieler 6. (c) Age of husband or wife if alive 61 years

7. Birth date of deceased August 21, 1881
(Month) (Day) (Year)

8. AGE: Years 60 Months 0 Days 21 If less than one day hr. min.

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

10. Usual occupation At home

11. Industry or business

12. Name Martin Winkler

13. Birthplace Not known Germany
(City, town, or county) (State or foreign country)

14. Maiden name Mary Schenderhoff

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

16. (a) Informant August E. Schieler

(b) Address 4426 Harris Ave

17. (a) Burial (b) Date thereof 9/15/41
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Friedens Cemetery

18. (a) Signature of funeral director Math Hermann & Son

(b) Address 2161 East Fair Ave

19. (a) SEP 15 1941 (b) J. Bredsch (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September, 12, day
year 1941 hour 3:25 PM minute M.

21. I hereby certify that I attended the deceased from Oct 1938
19 to Sept 1941
that I last saw her alive on Sept 12, 1941
and that death occurred on the date and hour stated above.

Immediate cause of death
Cancer of Breast ?
Due to metastases
to skeleton - viscera - skin

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations Radical Amputation October 1938
Of autopsy Not done

Duration

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 J. Whiggan (at. or other) 91
Address 749 1/2 Highland Ave. St. Louis, Mo. signed 9/14/41

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

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 William G. Buchholz

Licensed Embalmer No. 2111

P. O. Address, St. Louis, 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.