

No. 2
-1-4-41
5-17-39

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
FILED JAN 2 9 1942

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

40269
19009

State File No. _____
Registrar's No. _____

Registration District No. **701** Primary Registration District No. **1003**

1. PLACE OF DEATH:
(a) County **St. Louis Missouri**
(b) City or town _____
(c) Name of hospital or institution: **City Sanitarium**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **33 yrs. 9 mos. 19 days.**
In this community _____
years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County _____
(c) City or town **St. Louis**
(d) Street No. **3820 Greer Ave.**
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **ERNA SCHADE**
3. (b) If veteran, name war _____
3. (c) Social Security No. _____

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month **Dec.** day **16**
year **1941** hour **10:50** minute **P.** M.

4. Sex **Female** 5. Color or race **white**
6. (a) Single, widowed, married, divorced **single**
6. (b) Name of husband or wife **Single**
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased **Sept. 24, 1883**
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from **11-15-40**, 19____, to **12-16-41**, 19____;
that I last saw h. **er** alive on **12-16-41**, 19____;
and that death occurred on the date and hour stated above.

8. AGE: Years **58** Months **3** Days **22**
If less than one day hr. _____ min. _____

Immediate cause of death **Carcinoma of Stomach & Gallbladder with Metastasis**
Due to **Onset ? Perforation of stomach wall (onset 12-16-41)**
Due to **Primary site undetermined**
Other conditions (Include pregnancy within 3 months of death) _____

9. Birthplace **St. Louis Missouri**
(City, town, or county) (State or foreign country)
10. Usual occupation **Housework**

Major findings: Of operations _____
Of autopsy **Yes.**
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
MOTHER FATHER { 12. Name **Unknown**
13. Birthplace **Unknown Germany**
14. Maiden name **Unknown**
15. Birthplace **St. Louis Missouri**

16. (a) Informant **L. Legendry**
(b) Address **5300 Arsenal St.**
17. (a) **Burial** (b) Date thereof **12-18-41**
(c) Place: burial or cremation **Valhalla Cemetery**

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? _____
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

18. (a) Signature of funeral director **Provost Und. Co.**
(b) Address **3710 N. Grand Blvd.**
19. (a) **DEC 18 1941** (b) **J. F. Budek**
(Date received local registration) (Registrar's signature)

While at work _____ (Specify type of place) (c) Means of injury _____
23. Signature **J. F. Budek** (M. D. or other) _____
Address **5400 Arsenal** Date signed **12-17-41**

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

179

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 me

....., Registered Apprentice No.
working under my personal supervision.

Signed A. A. Smithers

Licensed Embalmer No. 3916

P. O. Address 3710 N. Grand Bl

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.