

FILED MAR 17 1942  
Registration District No. 791

Primary Registration District No. 1003

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

1. PLACE OF DEATH:

(a) County.....  
 (b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
 (c) Name of hospital or institution:  
Christian Hospital  
(If not in hospital or institution, write street number or location)  
 (d) Length of stay: In hospital or institution 11 days  
(Specify whether  
 In this community Birth  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 9 000  
 (c) City or town St. Louis 17  
(If outside city or town limits, write "RURAL")  
 (d) Street No. 2048 E. Fair Ave 9  
(If rural, give location) 0  
 (e) Citizen of foreign country? No (Yes or No)  
 If yes, name country.....

3. (a) PRINT FULL NAME Margaret J. Schuler  
 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 Harry F. Schuler 6. (c) Age of husband or wife if alive 49 years  
 7. Birth date of deceased July 6, 1895  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>46</u>	<u>7</u>	<u>15</u>	hr. min.

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

10. Usual occupation At home

11. Industry or business.....

MOTHER FATHER {  
 12. Name Nicholas Kessen  
 13. Birthplace Germany  
(City, town, or county) (State or foreign country)  
 14. Maiden name Rose Neuner  
 15. Birthplace Germany  
(City, town, or county) (State or foreign country)

16. (a) Informant Harry F. Schuler  
 (b) Address 2048 E. Fair Ave

17. (a) Burial (b) Date thereof 2/25/42  
(Burial, cremation, or removal) (Month) (Day) (Year)  
 (c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Math Hermann & Son  
 (b) Address 2161 East Fair Ave

19. (a) FEB 22 1942 (b) J. F. Orsedeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 21,  
 year 1942 hour 5:05 PM minute M.

21. I hereby certify that I attended the deceased from Feb 11 1942 Feb 21 1942  
 that I last saw her alive on Feb 21 1942  
 and that death occurred on the date and hour stated above.

Immediate cause of death Labor Pneumonia 1 day  
Followed operation for labor adenomae indefinite  
 Due to 63

Other conditions (Include pregnancy within 3 months of death) 63

Major findings: Adenocarcinoma thyroid  
 Of operations none  
 Of autopsies none  
 PHYSICIAN [Signature]  
 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)  
 (r) Means of injury D

23. Signature [Signature] (M. D. or other).....  
 Address Metropolitan Bldg Date signed 2/23/42

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. *2110*  
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.