. S. No. 2
0M—5-42
v. 5-17-39
I X32873

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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

35883

State File No.

FILED DEC 11 1942

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10012

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: St. Anthony's Hosp.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether
In this community years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 3621 Nebraska Av.
(If rural, give location)
(e) Citizen of foreign country? (Yes or No)
If yes, name country

3. (a) PRINT FULL NAME Joann Schott.

3. (b) If veteran, name war no

3. (c) Social Security No. no

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife

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

7. Birth date of deceased Nov. (Month) 29 (Day) 1942 (Year)

8. AGE: Years | Months | Days 9 | If less than one day hr. min.

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

10. Usual occupation none

11. Industry or business

FATHER
12. Name Laurence Schott.
13. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

MOTHER
14. Maiden name Mildred Bertel
15. Birthplace St. Louis (City, town, or county) Mo. (State or foreign country)

16. (a) Informant Laurence Schott
(b) Address 3621 Nebraska Av.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 11-28-42 (Month) (Day) (Year)
(c) Place: burial or cremation St. Mathews Cem.

18. (a) Signature of funeral director Witt Bro. Le Na
(b) Address 2929 S. Jefferson Av.

19. (a) DEC 1 1942 (Date received local registrar) (b) L. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov. day 28 year 1942 hour 1 minute 00 A. M.

21. I hereby certify that I attended the deceased from Nov 19, 1942, to Nov 28, 1942, that I last saw him alive on Nov 29, 1942, and that death occurred on the date and hour stated above.

Immediate cause of death Bronchial Pneumonia, Primary — Duration 2 days

Due to

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations

Of autopsy as above

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? (Specify type of place)
While at work? (e) Means of injury

23. Signature (M. D. or other)
Address 5417 St. Grand Blvd. Date signed 11-29-42

(Licensed Embalmer's Statement on Reverse Side)

13012

13012

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.

Not embalmed

Signed Gustav W. Dutuli

Licensed Embalmer No. 4329

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.