

FILED DEC 21 1942 18

Registration District No. ....

Primary Registration District No. 1003

Registrar's No. 10388

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:  
5522 Lisette Ave.  
(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. 5522 Lisette Ave.  
(If rural, give location)  
(e) Citizen of foreign country? ..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME Louise Schoembs

3. (b) If veteran, name war ..... 3. (c) Social Security No. ....

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Widowed  
6. (b) Name of husband or wife George W. Schoembs 6. (c) Age of husband or wife if alive ..... years  
7. Birth date of deceased May 17 1865  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
77 6 24 hr. min.

9. Birthplace Carlo Ill.  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business.

12. Name John Riss

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

14. Maiden name Mary Reimann

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

16. (a) Informant Mr. M. E. Nordman

(b) Address 5522 Lisette Ave

17. (a) Removal (b) Date thereof 12-12-42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carlo Ill.

18. (a) Signature of funeral director Drehmann-Harral

(b) Address 1905 Union Blvd

19. (a) DEC 14 1942 (b) J. F. Bredeck  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec. day 11  
year 1942 hour 5 minute 45 P. M.

21. I hereby certify that I attended the deceased from 11/17/39 to 12/11/39  
that I last saw her alive on 9/19 19...  
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy  
Due to arterio-sclerosis

Due to .....

Due to .....

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

Major findings: Of operations .....

Of autopsy .....

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 Wm H Sheper (M. D. or other) MD  
Address 818 Olive St. Date signed 12/11/42

Duration

Two minutes

PHYSICIAN

Underline the cause to which death should be charged statistically.

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

818 Olive St  
12-3 22781

**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 Robert M. Sanford

Licensed Embalmer No. 2273

P. O. Address St Louis

**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.