

FILED FEB 9 1943

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1042

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:  
2003 MARTHA AVE. 1  
(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. 2003 MARTHA AVE.  
(If rural, give location)  
(e) Citizen of foreign country?..... (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME MARGARET SCHULER  
3. (b) If veteran, name war.....  
3. (c) Social Security No.....

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month Jan. day 30-  
year 1943 hour 2 minute 47 P.M.  
21. I hereby certify that I attended the deceased from 1/25/43  
~~1/26~~ 19 to 1/30/43 19  
that I last saw her alive on 1/26/43 19  
and that death occurred on the date and hour stated above.

4. Sex F. 5. Color or race W.  
6. (a) Single, widowed, married, divorced W. 2  
6. (b) Name of husband or wife ALFRED SCHULER  
6. (c) Age of husband or wife if alive..... years  
7. Birth date of deceased APRIL 22 1865  
(Month) (Day) (Year)

Immediate cause of death  
Acute Myocarditis 5 da.  
Due to Cardiomyelitis 5 yrs.  
Due to Diabetes Mellitus 16 yrs.  
Other conditions.....  
(Include pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day  
77 9 8 hr. min.  
9. Birthplace WISCONSIN  
(City, town, or county) (State or foreign country)  
10. Usual occupation AT HOME

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

MOTHER FATHER {  
11. Industry or business.....  
12. Name HEINRICH ELTRICH  
13. Birthplace WISCONSIN  
(City, town, or county) (State or foreign country)  
14. Maiden name NOT KNOWN  
15. Birthplace 9  
(City, town, or county) (State or foreign country)  
16. (a) Informant MR. SCHULER (SON.)  
(b) Address 2003 MARTHA AVE.  
17. (a) BURIAL (b) Date thereof FEB. 2 - 1943  
(Burial, cremation, or removal) (Month) (Day) (Year)  
(c) Place: burial or cremation VALHALLA CEM.  
18. (a) Signature of funeral director M. J. Coughan  
(b) Address 7146 MANCHESTER AVE.  
19. (a) FEB 1 1943 (b) J. P. Dussack  
(Date received local registration) (Registrar's signature)

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 E. B. [unclear] (M. D. or other) MD  
Address 2901 [unclear] Date signed 3/1/43  
E. B. [unclear]

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

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**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 *Wilford B. Burnley*  
Licensed Embalmer No. *4203*

P. O. Address.....

**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.**