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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_  
Registrar's No. 1344

FILED JUN 11 1943  
Registration District No. 317

Primary Registration District No. 206 ✓

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

1. PLACE OF DEATH:

(a) County... Saint Louis, Co.

(b) City or town... Brentwood  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:  
Guildworth Home 8950 Manchester 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... Missouri. (b) County... 000  
12

(c) City or town... Saint Louis, (If outside city or town limits, write "RURAL")  
9

(d) Street No... 3864 Wyoming Street.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Myrtle May Schanzle.

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. None

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

6. (b) Name of husband or wife... Frank Schanzle Jr. 6. (c) Age of husband or wife if alive. 57 years

7. Birth date of deceased... December 3rd, 1888.  
(Month) (Day) (Year)

8. AGE: 54 Years 6 Months 2 Days If less than one day  
hr. min.

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

10. Usual occupation... At Home

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name... George W. Byrns

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

14. Maiden name... Lou Fitzmorris

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

16. (a) Informant... Lewellyn Mathias  
(b) Address... 6770 Alyceton Ave Affton Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof... 6-8-43  
(Month) (Day) (Year)

(c) Place: burial or cremation... St. Matthews Cemetery.

18. (a) Signature of funeral director... Ziegenhein Bros.  
(b) Address... 6409 Gravois Ave.

19. (a) JUN 9 1943 (b) [Signature]  
(Date received from Registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 5th,  
year 1943. hour 7 minute 30 A. M.

21. I hereby certify that I attended the deceased from Jan 1938 to June 5, 1943.  
that I last saw her alive on June 4, 1943.  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Cerebral Hemorrhage

Due to Hypotension gra.

Due to Chr. Interstitial Nephritis gra.

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

Major findings:  
Of operations... \_\_\_\_\_

Of autopsy... 131 b

Duration

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? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) (2) Means of injury \_\_\_\_\_

23. Signature... George Beemer (M. D. or other)  
Address... 3626 Gravois Date signed... 6/5/43

JUN 11 1943

JAN 20 1949

FEB. 8 1949

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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 Juddie W. Jaegerstein  
Licensed Embalmer No. 2670  
P. O. Address 6409 Hawaii

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.