

FILED JUN 19 1943

Registration District No. 517

Primary Registration District No. 6076

Registrar's No. 1403

1. PLACE OF DEATH:

(a) County St. Louis

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

(c) Name of hospital or institution:
Manchester Nursing Home 4
(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 St. Louis 96

(c) City or town Kirkwood 3
(If outside city or town limits, write "RURAL")

(d) Street No. 507 S. Clay
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)

If yes, name country _____

3. (a) PRINT FULL NAME Dorothea M. Schoettle

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 Single

6. (b) Name of husband or wife _____

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

7. Birth date of deceased Feb 6 1883
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

60 4 11 hr. _____ min.

9. Birthplace Collinsville Ills. 1
(City, town, or county) (State or foreign country)

10. Usual occupation Nil

11. Industry or business _____

12. Name George Schoettle

13. Birthplace Germany 4
(City, town, or county) (State or foreign country)

14. Maiden name Marie Blume

15. Birthplace Collinsville, Ills. 1
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Elmer Berg,

(b) Address 712 N. Geyer, Kirkwood, Mo.

17. (a) Burial (b) Date thereof 6-16-43
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation St. Lucas Cem.

18. (a) Signature of funeral director Louis H. Bopp Inc.

(b) Address Kirkwood, Mo.

19. (a) JUN 17 1943 (b) C. Mc Gowan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH, Month June day 14, 1943
year 1943 hour 30 minute A M.

21. I hereby certify that I attended the deceased from Jan 1, 1943
_____ 19 _____ to June 14 19 43

that I last saw her alive on June 17 19 43
and that death occurred on the date and hour stated above.

Immediate cause of death acute cardiac dilatation 1 day
Duration _____

Due to Adenocarcinoma of skin 1 yr.
(Cancer on Cheek)

Due to _____

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

Major findings:
Of operations _____

Of autopsy _____

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)
(e) Means of injury _____

23. Signature C. Mc Gowan (M. D. or other) _____

Address Kirkwood, Mo Date signed 6/17/43

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.....

Licensed Embalmer No.....

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.