

FILED AUG 12 1943 8

Registration District No. _____

Primary Registration District No. 100

1. PLACE OF DEATH:

(a) County _____
(b) City or town St. Louis, Missouri
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Lutheran Hospital
(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)

3. (a) PRINT FULL NAME Harriet Schoelch

3. (b) If veteran, name war Nil 3. (c) Social Security No. 497-20-1788

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

6. (b) Name of husband or wife Warren L. Schoelch 6. (c) Age of husband or wife if alive 35 years

7. Birth date of deceased February 14 1902
(Month) (Day) (Year)

8. AGE: Years 15 41 Months 5 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace Atlanta Georgia
(City, town, or county) (State or foreign country)

10. Usual occupation Saleslady
11. Industry or business Scruggs-Vandervoort

MOTHER FATHER { 12. Name Unknown Osborne
13. Birthplace Unknown Georgia
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant Lanora Schoelch
(b) Address 2005 South Grand Blvd.,

17. (a) Burial (b) Date thereof 7/30/43
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Lake Charles Cemetery

18. (a) Signature of funeral director Albert H. Hoppe, Inc
(b) Address 4700 Washington Blvd.,

19. (a) J. F. Bredack (b) J. F. Bredack
(Date received local transfer) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County _____
(c) City or town St. Louis
(If outside city or town limits, write "RURAL")
(d) Street No. 2005 South Grand Blvd.,
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month July day 27
year 1943 hour 9:52 minute P. M.

21. I hereby certify that I attended the deceased from 8th day
of Feb., 1943, to 28 July, 1943
that I last saw her alive on July 26, 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Sept. pneumonia
Due to S. A. of brain's squamous cell Ca. 4th stage
Due to bone destruction
Other conditions HO
(Include pregnancy within 3 months of death)

Major findings: big mass
involving all abdominal
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 Harriet G. ... (M. D. or other) _____
Address 3651 Grand Date signed 7/28/43

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

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..... *J. Allen Davis Jr*
Licensed Embalmer No..... *4052*
P. O. Address..... *City*

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.