

FILED SEP 28 1943 318

State File No.

Registration District No.

Primary Registration District No.

1003

Registrar's No.

8260

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:  
4354 N. Euclid 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 35 years (Specify whether  
years, months or days)

3. (a) PRINT FULL NAME VIOLA SCHORE

3. (b) If veteran, name war no 3. (c) Social Security No. none

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

6. (b) Name of husband or wife late Thomas J. Schore 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased September 10th 1863  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
80 0 5 hr. min.

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

10. Usual occupation Housework

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

MOTHER FATHER

12. Name Meyerholz

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

14. Maiden name Unknown

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

16. (a) Informant Rose Kochendorfer

(b) Address 4354 N. Euclid Ave

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 9/18/43  
(Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Cabin & Fenty

(b) Address 4828 Walden Blvd

19. (a) SEP 17 1943 (Date received local registrar) (b) J. J. [Signature] (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. 4354 N. Euclid Ave  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country 0

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month September day 15th  
year 1943 hour six minute 35 P. M.

21. I hereby certify that I attended the deceased from Sept 14  
1943, to Sept 15 1943  
that I last saw her alive on Sept 15 1943  
and that death occurred on the date and hour stated above.

Immediate cause of death Mitral Regurgitation Duration \_\_\_\_\_

Due to 92

Due to \_\_\_\_\_

Other conditions Arterio Sclerosis  
(Include pregnancy within 3 months of death)

PHYSICIAN

Major findings:  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_  
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) (Means of injury)

23. Signature C. P. [Signature] (M. D. or other) \_\_\_\_\_  
Address 4142 N. Grand Date signed 9/16/43

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..... *John A. Menard* .....

Licensed Embalmer No. *4186* .....

P. O. Address *St. Louis Mo* .....

**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.**