

Registration District No. **818** Primary Registration District No. **1003** Registrar's No. **3245**

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:
St. Louis City Hospital-Max C. Starkloff Memorial
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution **1m0-6 days**
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:
(a) State **Missouri** (b) County **000**
(c) City or town **St. James** (If outside city or town limits, write "RURAL")
(d) Street No. **4571 St. James** (If rural, give location)
(e) Citizen of foreign country? **0** (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **ELIZABETH SCHUETZE**

MEDICAL CERTIFICATION

3. (b) If veteran, name war..... 3. (c) Social Security No.....

20. DATE OF DEATH: Month **April** day **10th**
year **1945** hour **5:45** minute **P.** M.

4. Sex **Female** 5. Color of hair **sh** 6. (a) Single, widowed, married, divorced **Widow**
7. Birth date of deceased: (Month) **Aug** (Day) **5** (Year) **1889**

21. I hereby certify that I attended the deceased from **3/4/45**
19... to **4/10/45** 19...
that I last saw **her** alive on **4/10/45** 19...
and that death occurred on the date and hour stated above.

8. AGE: Years **75** Months **8** Days **5** If less than one day hr. min.

Immediate cause of death: **Generalized Atherosclerosis**
Due to.....
Due to.....

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

Other conditions (Include pregnancy within 3 months of death) **97**
Major findings: Of operations.....
Of autopsy.....
PHYSICIAN

10. Usual occupation **housewife**

11. Industry or business.....
12. Name **Jacques De Castro**
13. Birthplace **Unknown** (City, town, or county) (State or foreign country)
14. Maiden name **Marie de Koster**
15. Birthplace **Unknown** (City, town, or county) (State or foreign country)

16. (a) Informant **Maudie Biebel**

(b) Address **4571 St. James**

17. (a) **Burial** (b) Date thereof **4-13-45**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **Memorial Park**

18. (a) Signature of funeral director **William J. Biedek**
(b) Address **7849 NO. Euclid**

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?

19. (a) **APR 11 1945** (b) **J. F. Biedek**
(Date received local registrar) (Registrar's signature)

23. Signature **James J. Smith** (M, D, or other) **4/11/45**
Address **1515 Lafayette** Date signed

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

66
17
9

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.....

Robert L. Brinkman
.....
Licensed Embalmer No. # 3552
.....
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.