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

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED APR 23 1945

Registration District No. 317

THE STATE BOARD OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

Primary Registration District No. 6076

State File No. 14611

Registrar's No. 802

1. PLACE OF DEATH:

(a) County St. Louis Co.

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

(c) Name of hospital or institution:
4025 Tillie Ave. 1
(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 St. Louis 06

(c) City or town Lemay Mo. 0
(If outside city or town limits, write "RURAL") 0

(d) Street No. 4025 Tillie Ave.
(If rural, give location)

(e) Citizen of foreign country? 0 (Yes or No)

If yes, name country .....

3. (a) PRINT FULL NAME Anna Schulz

3. (b) If veteran, name war .....

3. (c) Social Security No. .....

4. Sex F 1

5. Color or race W

6. (a) Single, widowed, married, divorced married 1

6. (b) Name of husband or wife John

6. (c) Age of husband or wife if alive 77 years

7. Birth date of deceased July 3, 1874
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
70	8	26	..... hr. ..... min.

9. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

10. Usual occupation At home

11. Industry or business .....

FATHER
12. Name John Mesz
13. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Magdalena Theis
15. Birthplace Hungary 4
(City, town, or county) (State or foreign country)

16. (a) Informant Bertha Schimmer
(b) Address 3919 Dover Pl.

17. (a) Burial (b) Date thereof Mar. 31, 1945
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation Mt. Hope Cem.

18. (a) Signature of funeral director W. Schumacher
(b) Address 3013 Meramec St.

19. (a) MAR 31 1945 (b) E. C. McCauray
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 29
year 1945 hour 2:20 P.M. minute ..... M.

21. I hereby certify that I attended the deceased from Sept. 14 — 1944 to Mar - 29 - 1945;
that I last saw her alive on Mar. 29 — 1945
and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death: Chr. Myocarditis Cardiac Decompensation	3 yr
Due to Arteria Sclerosis	4 yr
Due to Cerebral Thrombosis and mild Coma	3 da
Other conditions (Include pregnancy within 3 months of death)	

Major findings:
Of operations .....
Of autopsy 93d

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? .....
(Specify type of place)
While at work? ..... (e) Means of injury .....

23. Signature Dr. C. G. Biesemeyer 0 (M. D. or other)
Address 762 Lemay Ferry Rd. Date signed 3-30-45

(Licensed Embalmer's Statement on Reverse Side)

Dr. Bussmeyer
762 Lemay Lo 4578

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 Francis Williamson

Licensed Embalmer No. 3565

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.