

FILED NOV 20 1945

Registration District No. 377

Primary Registration District No. 3063

Registrar's No. 2625

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

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town Clayton
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: St. Louis County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 9 days 9 hrs.
In this community life
(Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

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

3. (a) PRINT FULL NAME HENRY SCHOETTLER

3. (b) If veteran, name was NONE
3. (c) Social Security No. 498-10-8433

4. Sex 59 O 5. Color or race White
6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Dorothy Schumacher
6. (c) Age of husband or wife if alive 63 years
7. Birth date of deceased July 18 1886
(Month) (Day) (Year)

8. AGE: Years 59 Months 3 Days 28
If less than one day hr. min.

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

10. Usual occupation Fireman

11. Industry or business ST. LOUIS COUNTY HOSPITAL

MOTHER FATHER
12. Name Cornelius Schoettler
13. Birthplace Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Barbara Mertz
15. Birthplace Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Dorothy Schoettler - wife
(b) Address Manchester, Mo.

17. (a) BURIAL (b) (Date thereof) Nov. 18-45
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation ST. JOHN CEM, MANCHESTER, MO.

18. (a) Signature of funeral director Shady Funeral Home

(b) Address Following Mo.

19. (a) 11-12-45 (b) C. P. M. Duncan
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month November day 15th
year 1945 hour Eleven minute 15 P.M.

21. I hereby certify that I attended the deceased from November 6th, 1945, to November 15th, 1945;
that I last saw him alive on November 15th, 1945;
and that death occurred on the date and hour stated above.

Immediate cause of death Pneumonia Duration 2 wks
Due to Tularemia infection ?

Due to 129-1
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: W. W. Carter (M. D. or other)
Address 603 Brentwood, Clayton Date signed 11-15-45

707

NOV 26 1945

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

Geo. Schrader

Licensed Embalmer No.

3066

P. O. Address

Ballwin, 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.