

Registration District No. **318**

Primary Registration District No. \_\_\_\_\_

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

1. PLACE OF DEATH:

(a) County St. Louis, Mo.

(b) City or town \_\_\_\_\_  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: Barnes Hospital  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution 30 days  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME OTTO Alvin Schueler

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

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

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, Divorced Widower

6. (b) Name of husband or wife Mary Astor Schueler

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

7. Birth date of deceased Jan/ 6th 1867  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>78</u>	<u>11</u>	<u>1</u>	hr. min.

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

10. Usual occupation Brewer

11. Industry or business Columbia Brewery

12. Name C. August Schueler

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

14. Maiden name Teresa Boehmer

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

16. (a) Informant Richard Schueler

(b) Address 1411 Walton Ave.

17. (a) Burial (b) Date thereof 12-10-45  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calvary Cemetery

18. (a) Signature of funeral director Arthur J. Donnelly

(b) Address 3840 Lindell Blvd

19. (a) DEC 8 1945 J. F. Bredesch  
(Date received local Registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County \_\_\_\_\_

(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")

(d) Street No. 1411 Walton Ave.  
(If rural, give location)

(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)

If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 12 day 7  
year 1945 hour 2 minute 45 PM.

21. I hereby certify that I attended the deceased from November 8, 1945, to Dec. 7, 1945;  
that I last saw him alive on Dec. 7, 1945,  
and that death occurred on the date and hour stated above.

Immediate cause of death Diffuse cancer of bladder-urinary Duration 6 mos +

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

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

Other conditions (include pregnancy within 3 months of death) \_\_\_\_\_

Major findings: Cancer bladder

Of operations \_\_\_\_\_

Of autopsy AS ABOVE

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 J. R. Bradley (M. D. or other) \_\_\_\_\_  
Address Barnes Hospital, Date signed 12/9/45

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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 Stanley Marshall

Licensed Embalmer No. 2868

P. O. Address 3848 Lindell

**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:**