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5-17-39  
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DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25690**  
Registrar's No. **6446**

**FILED JUL 26 1946**

1003

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

**1. PLACE OF DEATH:**

(a) County St Louis Missouri

(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:  
1884 s 11th Street  
(If not in hospital or institution, write street number or location)

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

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

3. (a) PRINT FULL NAME Mary Schadlbauer

3. (b) If veteran, name war No

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

4. Sex Female

5. Color or race White

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

6. (b) Name of husband or wife Jacob

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

7. Birth date of deceased December 30 1862  
(Month) (Day) (Year)

8. AGE:

Years	Months	Days	If less than one day
<u>83</u>	<u>6</u>	<u>19</u>	hr. _____ min. _____

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

10. Usual occupation Housewife

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

MOTHER FATHER { 12. Name Frank Bultas

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

14. Maiden name Mary Dvchek

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

16. (a) Informant Joseph Schadlbauer

(b) Address 1884 s 11th Street

17. (a) Burial  
(Burial, cremation, or removal)

(b) Date thereof 7/23/46  
(Month) (Day) (Year)

(c) Place: burial or cremation Old S.S. Peter & Paul Cem

18. (a) Signature of funeral director Wm E. Mayall

(b) Address 1926 Allen, Av.

19. (a) JUL 22 1946  
(Date received local registrar)

(b) J. P. Brederek  
(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. 1884 s 11th Street  
(If rural, give location)

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

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

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month July day 19  
year 1946 hour 8.30 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 7-6 1946 to 7-18 1946  
that I last saw her alive on July 18 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_

Due to Arterio-Sclerosis

Due to Chr. Interstitial Nephritis  
(Senile Dementia)

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 Henry E. Pieper (M. D. or other) \_\_\_\_\_

Address 4124 S. Grand Bl. Date signed 7/20/46

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 me

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Berg O. Duncan

.....  
Licensed Embalmer No. 2272

P. O. Address 1926 Allen

**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.**