

No. 2
12-45
-17-39
X47070

FILED **SEP 21 1946**

Registration District No. **318** Primary Registration District No. **1003**

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

1. PLACE OF DEATH: **318**

(a) County **St. Louis, Mo.**

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

(c) Name of hospital or institution:
3647 Shenandoah
(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 **Mo.** (b) County **St. Louis**

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

(d) Street No. **3647 Shenandoah**
(If rural, give location)

(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME **Ida Schaerer**

3. (b) If veteran, name war **None**

3. (c) Social Security No. **None**

4. Sex **Female** / race **White**

5. Color or race **White**

6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **Edwin**

6. (c) Age of husband or wife if alive **49** years

7. Birth date of deceased **June 16 1895**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

51	3	24	hr. min.
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9. Birthplace **Mephan Ill.**
(City, town, or county) (State or foreign country)

10. Usual occupation **Housework**

11. Industry or business _____

12. Name **Frank H. Haselhorst**

13. Birthplace **Calhoun Co. Ill.**
(City, town, or county) (State or foreign country)

14. Maiden name **Prilmaena Unknown**

15. Birthplace **Calhoun Co. Ill.**
(City, town, or county) (State or foreign country)

16. (a) Informant **Edwin Schaerer**

(b) Address **3647 Shenandoah**

17. (a) **Burial** (b) Date thereof **10 12 46**
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation **New SS Peter & Paul Cem.**

18. (a) Signature of funeral director **Kriegshauser Und. Co.**

(b) Address **4228 So. Kingshighway Bl.**

19. (a) **OCT 10 1946** (Date received) **J. F. Prudek** (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **Oct.** day **10** year **1946** hour **5:00** minute **A.** M.

21. I hereby certify that I attended the deceased from **September 10, 1946** to **Oct. 9, 1946**
that I last saw her alive on **October 9, 1946**
and that death occurred on the date and hour stated above.

Immediate cause of death **Coronary thrombosis**

Due to _____

Due to _____

Other conditions **Chronic myocarditis**
(Include pregnancy within 3 months of death)

Major findings:
Of operations _____
Of autopsy _____

Duration _____

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) _____
(c) Means of injury _____

23. Signature **Dr. Genevieve G. Edwards** (M. D. or other) **D.C.**
Address **5376 Oakland Ave.** Date signed **10-12-46**

OCT 10 1946

(Licensed Embalmer's Statement on Reverse Side)

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 *Edwin M. Lermuth*.....

Licensed Embalmer No. *3024*.....

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.