

FILED DEC 2 1946 318

Registration District No. Primary Registration District No. 1003 Registrar's No.

1. PLACE OF DEATH:

(a) County.....

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

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

(d) Length of stay: In hospital or institution..... 7 months
(Specify whether years, months or days)

In this community..... 50 years
(Specify whether years, months or days)

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..... 4676 Idaho Ave
(If rural, give location)

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

3. (a) PRINT FULL NAME KATHERINE SCHAUER

3. (b) If veteran, name war..... 3. (c) Social Security No.....

4. Sex Female / 5. Color or race White

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

6. (b) Name of husband or wife..... Conrad Schauer 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased July 17, 1861
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>85</u>	<u>4</u>	<u>3</u>	hr. min.

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

10. Usual occupation..... Housewife

11. Industry or business.....

12. Name..... Unknown

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

14. Maiden name..... Unknown

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

16. (a) Informant..... City Infirmary Records

(b) Address..... 5800 Arsenal St.

17. (a) Burial (b) Date thereof..... 11-23-1946
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation..... St. Matthews Cemetery

18. (a) Signature of funeral director..... Walter Aldred

(b) Address..... 3634 Francis Ave

19. (a) NOV 21 1946 (b) J. F. Bredek
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... November 20th;
year..... 1946 hour..... 4:15 A.M. minute..... M.

21. I hereby certify that I attended the deceased from..... April 18th;
..... 1946 to..... November 20th; 1946;
that I last saw her..... November 20th; 1946;
and that death occurred on the date and hour stated above.

Immediate cause of death.....
Broncho-cardiac syndrome 3 days
Hypertensive heart disease 1946 plus
Due to..... Generalized arteriosclerosis 1946 plus

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

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?.....

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

23. Signature..... Palmer Prisque Borodich (M. D. or other)

Address..... 5800 Arsenal 11-20-46 Date signed.....

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

MOTHER FATHER

Duration

PHYSICIAN

Underline the cause to which death should be charged statistically.

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..... *Frank J. Hand*
..... Licensed Embalmer No. *2675*
..... 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.