

FILED JAN 7 1947

Registration District No. **318**

Primary Registration District No. **1003**

Registrar's No. **10956**

1. PLACE OF DEATH:
 (a) County _____
 (b) City or town Miss/ St. Louis
(If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
Good Samaritan Home, 4500 Washington Blvd.
(If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution 3 years
(Specify whether years, months or days)
 In this community 65 Years

2. USUAL RESIDENCE OF DECEASED:
 (a) State Missouri (b) County Wob
 (c) City or town St. Louis
(If outside city or town limits, write "RURAL")
 (d) Street No. 4500 Washington Blvd.
(If rural, give location)
 (e) Citizen of foreign country? No (Yes or No)
 If yes, name country _____

3. (a) PRINT FULL NAME Wilhelmina Schake
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 Widowed
6. (b) Name of husband or wife Henry Schake **6. (c) Age of husband or wife if alive** _____ years
7. Birth date of deceased October 22, 1876.
(Month) (Day) (Year)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month December day 18th
 year 1946 hour 5:00 minute P. M.
21. I hereby certify that I attended the deceased from Aug 22, 1946 to Dec 18, 1946
 that I last saw her alive on Dec 17, 1946
 and that death occurred on the date and hour stated above.

8. AGE:
 Years 70 Months 1 Days 26
 If less than one day hr. _____ min. _____

Immediate cause of death Carcinoma of Stomach
 Due to _____
 Due to _____
 Other conditions Metastases (liver)
(Include pregnancy within 3 months of death)

9. Birthplace Westphalia, Germany
(City, town, or county) (State or foreign country)
10. Usual occupation None

PHYSICIAN
 Major findings:
 Of operations _____
 Of autopsy _____
Underline the cause to which death should be charged statistically.

11. Industry or business _____
12. Name Henry Niepert
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 Mr. Harry George Schake
(b) Address 8617 Riverview Blvd.
17. (a) Burial (Burial, cremation, or removal) **(b) Date thereof** Nov 21 1946
(Month) (Day) (Year)

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? _____

(c) Place: burial or cremation VALHALLA CEMETERY
18. (a) Signature of funeral director CALVIN FEJTL FUN. DR.
(b) Address 4928 NAT'L BRIDGE BLVD.
19. (a) DEC 20 1946 **(b)** J. F. Bresack
(Date received local registrar) (Registrar's signature)

While at work? _____ (Specify type of place)
 (e) Means of injury _____
23. Signature H. F. Bergman (M. D. or other)
Address 3720 Washington **Date signed** 12/20/46

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD
41727

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

John A. Minner

Licensed Embalmer No.

4186

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.