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

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DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED DEC 24 1946

THE STATE BOARD OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 42922

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 10554

**1. PLACE OF DEATH:**

(a) County St. Louis

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

(c) Name of hospital or institution: 3748 Ohio ave (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

**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. 3748 Ohio ave (If rural, give location)

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

If yes, name country

3. (a) PRINT FULL NAME Anna Schertler

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 Gebhardt Schertler

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

7. Birth date of deceased Jan. (Month) 13 (Day) 1848 (Year)

8. AGE: Years 98 Months 10 Days 25 If less than one day hr. min.

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

10. Usual occupation at home

11. Industry or business

MOTHER FATHER

12. Name Beckmann

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

14. Maiden name Hurlemann

15. Birthplace Don't Know (City, town, or county) (State or foreign country)

16. (a) Informant Frances Schertler

(b) Address 3748 Ohio Ave.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 12-10-1946 (Month) (Day) (Year)

(c) Place: burial or cremation Old SS Peter & Paul Cemetery

18. (a) Signature of funeral director Weick Bro. Und. Co.

(b) Address 2201 S. Grand

19. (a) DEC 9 (Date received local registrar) (b) 1946 J. F. Bredeck (Registrar's signature)

**MEDICAL CERTIFICATION**

20. DATE OF DEATH: Month Dec. day 8th year 1946 hour 12 minute 00 P. M.

21. I hereby certify that I attended the deceased from June 1, 1943 to Dec. 8, 1946 that I last saw her alive on Dec. 7, 1946 and that death occurred on the date and hour stated above.

Immediate cause of death Cardiac failure. Duration 1 hr.

Due to Old age.

Due to

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? (Specify type of place)

While at work? (e) Means of injury

23. Signature D. L. Johnson (M. D. or other) M.D.

Address 2801 Chippewa Date signed 12-9-46

(Licensed Embalmer's Statement on Reverse Side)

Dr. Robinson
California & Chicago
2 P.m.

**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 James R. Dunn, Registered Apprentice No. 403, working under my personal supervision.

Signed [illegible]

Licensed Embalmer No. 3722

P. O. Address 2201 S. Grand Bl.

**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.**