

U.S. No. 2
DOM-5-43
Rev. 5-17-39
I X36671

FILED OCT 11 1947

1003

Registrar's No. **9204**

Registration District No. **318**

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
407 N. Taylor Ave. /
(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)

3. (a) PRINT FULL NAME John Edward Schertz

3. (b) If veteran, name war No 3. (c) Social Security No. 491-16-9861

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married
6. (b) Name of husband or wife Myrtle Schertz 6. (c) Age of husband or wife if alive 66 years
7. Birth date of deceased September 15 1867
(Month) (Day) (Year)

8. AGE: Years 80 Months 0 Days 18 If less than one day hr. min.

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

10. Usual occupation Retired

11. Industry or business Restaurant Owner

12. Name Unknown

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

14. Maiden name Mary Dalton

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

16. (a) Informant Mrs. Myrtle Schertz

(b) Address 407 N. Taylor Ave.

17. (a) Burial (b) Date thereof 10-6-47
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Grove Cemetery

18. (a) Signature of funeral director Albert H. Hoppe

(b) Address 4700 Washington Blvd.

19. (a) OCT 2 (b) J. J. Bradeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 020
(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")
(d) Street No. 407 N. Taylor 4
12 (If rural, give location) 0
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct. day 3
year 1947 hour 7 minute 55 A.M.

21. I hereby certify that I attended the deceased from Jan 1 - 1947 to Oct 3 - 1947
that I last saw him alive on Oct 3 - 1947
and that death occurred on the date and hour stated above.

Immediate cause of death Chronic Myocarditis 1 yr

Due to Hypertensive Cardiovascular Disease 5 yrs

Other conditions Cardiac Hypertrophy
(Include pregnancy within 3 months of death)
Severe Anasarca

Major findings: Of operations

Of autopsy 93

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 0

23. Signature W. R. Remondet (M. D. or other) 10-3-47
Address 4390 W. Pine St. Date signed

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

MOTHER, FATHER

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.....

G. W. Wilkinson

..... Licensed Embalmer No..... *3575*

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.