. No. 2
—1/47
5-17-39

3

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

FEDERAL SECURITY AGENCY
National Office of Vital Statistics

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

FILED JAN 22 1948

Registration District No. 318

Primary Registration District No. 1003

State File No. 3068

Registrar's No. 440

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 Hospital #1
(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 000

(c) City or town St. Louis 17
(If outside city or town limits, write "RURAL")

(d) Street No. 4023a Botanical Ave. 4
(If rural, give location)

(e) Citizen of foreign country? 17 (Yes or No) 0

If yes, name country

3. (a) PRINT FULL NAME ANNA SCHUTH

3. (b) If veteran, name war None

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 Late Albert

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

7. Birth date of deceased April (Month) 23 (Day) 1860 (Year)

8. AGE: Years 87 Months 8 Days 21 If less than one day hr. min.

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

10. Usual occupation Housework

11. Industry or business

FATHER
12. Name Adam Englert
13. Birthplace (City, town, or county) Germany (State or foreign country)

MOTHER
14. Maiden name Eve Ziegeler
15. Birthplace (City, town, or county) Germany (State or foreign country)

16. (a) Informant Charles Schuth
(b) Address 6767 Aliceton

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 1-17-48 (Month) (Day) (Year)
(c) Place: burial or cremation SS Peter&Paul Cem.

18. (a) Signature of funeral director Kriegshauser Und.Co.
(b) Address 4228 So. Kingshighway Bl.

19. (a) JAN 15 1948 (Date received local registrar) (b) J. F. Bredick (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Jan. day 14 year 1948 hour 3:[illegible] minute 00 P. M.

21. I hereby certify that I attended the deceased from ....., 19....., to ....., 19.....; that I last saw h..... alive on ....., 19.....; and that death occurred on the date and hour stated above.

Immediate cause of death Fracture left Hy Arteriosclerosis suffered when deceased fell to the floor at her home 4023 Botanical Ave on Dec 17 1948 at about 10:00 A.M.

Due to

Duration

Other conditions (Include pregnancy within 3 months of death)

Major findings:
Of operations

Of autopsy

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence Dec 17 1948 [illegible]

(c) Where did injury occur? [illegible] (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? [illegible] (Specify type of place)

While at work? (e) Means of injury [illegible]

23. Signature Patrick E. Taylor (M. D. or other) 2

Address Deputy Coroner Date signed 1.15.48

Jefferson City Printing Co.

(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. McDermott

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.