

No. 300
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FEDERAL BUREAU OF VITAL STATISTICS
National Office of Vital Statistics
FILED APR 30 1948

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 15046
Registrar's No. 1037

Registration District No. 517

Primary Registration District No. 6076

1. PLACE OF DEATH:
(a) County ST LOUIS
(b) City or town MANCHESTER MO
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
PINE CREST N. HOME 4
(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)

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

3. (a) PRINT FULL NAME ARTHUR SCHUSTER
3. (b) If veteran, name war NONE
3. (c) Social Security No. 498-09-0237

4. Sex MALE 5. Color or race White
6. (a) Single, widowed, married, divorced, widowed
6. (b) Name of husband or wife _____
6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Oct 5 1880
(Month) (Day) (Year)

8. AGE: Years 67 Months 6 Days 17
If less than one day hr. _____ min. _____

9. Birthplace Germany (City, town, or county) (State or foreign country) 4

10. Usual occupation Laborer

11. Industry or business Unemployed

12. Name Frederich Schuster

13. Birthplace Germany (City, town, or county) (State or foreign country) 4

14. Maiden name Augusta Johnson

15. Birthplace Germany (City, town, or county) (State or foreign country) 4

16. (a) Informant Alma Totsch

(b) Address 3457 Hartford

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 4-23-48
(Month) (Day) (Year)

(c) Place: burial or cremation St Pictus Cem.

18. (a) Signature of funeral director Crown Prod Co.

(b) Address 3710 N Grand Blvd.

19. (a) 4-23-48 (Date received local registrar) (b) Beulah Sharp (Registrar's signature)

MEDICAL CERTIFICATION
20. DATE OF DEATH: Month 4 day 22
year 1948 hour 9 minute AM.

21. I hereby certify that I attended the deceased from March 11, 1947, to April 22, 1948;
that I last saw him alive on April 21, 1948;
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral Hemorrhage
Duration _____

Due to 93d

Other conditions Chronic Myocarditis
(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? _____

While at work? _____ (Specify type of place)
(e) Means of injury _____
Signature R. W. Jensen (M. D. certificate)
Address Manchester Mo Date signed 4/22/48

PHYSICIAN
Underline the cause to which death should be charged statistically.

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

MAY 19 1948

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.....

Licensed Embalmer No.....

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.